### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170:0

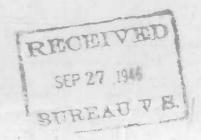
Dr. Wells

### CERTIFICATE OF DEATH

on Diet No 308 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Washington	State Maryland County Washing	ton
City or town. Breathedsville (If outside city or town limits, write RURAL and give nearest town)	City or town Breathedsville (If outside city or town limits, write RURAL and give near	
How long in above place of death? 10 years		
Hospital, Institution, or street address where death occurred:  Breathedsville.	Street No. NONE	
How long to hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security N	
Olin Ray Andrews  4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
		2P
Mal: White Married	20. DATE OF DEATH Sept. 23, 146.	at
6.(6) Name of husband or wife. Ava Naoni Andrews	21. I CERTIFY that death occurred on the date above stated; that I attended decean	
7. Birth date of North Research 1999		
7. Birth date of deceased (mo., day, yr.) May 11, 1888	and that I last naw h	OURATION
8. AGE: Yearn Months Dayn It less than one day		OUNTION
58 4 12hrsmin.	Open fracture of cervical	
9. Birthplace Hurlock, Dorchester, Md. (Town, county, and state)	Oue to vertebra	***************************************
	Fractured ribs(rt)	***************************************
to. Usual occupation. Farm ligr	Due to	***************************************
11. Industry or business Md. State Penal Farm	Fractured humerus	***************************************
12. Name. J. B. Andrews.  13. 6irthplace Hurlock, Md.	Other conditions	*******************************
≥ 13. 6irthplace Hurlock, Md.	(Include pregnancy within 3 months of death)	
E 14. Maiden name Mary Todd	Major findiags of operations	
15. 8irthplace Hurlock, Ma.	Date of op.	
t4. Maiden name Mary Todi  t5. Sirthplace Hurlock, Md.  16. Informant Mrs. Ava Naomi Andrews	Autopsy results	statistically.
Address Breathedsville, Md.	22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
Burial Burial Date thereo Sep t. 26, 1946 (month) (day) (year)	Accident, aulcide, or homicide. accident DateStept	123/46
	Where did injury occur? State Penal Farm Was	
Cemetery or crematory Kryder's Cemetery	(City or town) (County)	(State)
Location Westminister, Md.	Injured at home, farm, Industry, public place (where?) B&O RR Means of hur, to struck by trainined at work? No	
ts. Funeral director Andrew K. Coffnan		DIALL
Address Hagerstown, Md.	Hoher Wello WASH.	CO" MB
1. Sept. 23, 1946 Jalu Al Dark	23. SIGNATURE:  M. D. C.  M. D. C.	10-3/
(Date rec'd by registrar) Registrar	Address Har and lowy M. Date signed.	7 9

refully. The corrections: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UN is especially important

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

### CERTIFICATE OF DEATH

0

	Reg. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State mad County Washington
City or town	Personal and
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Hagerston RD #44
Hazerslam PAH HY	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
SARAH E. AUC	GHINBAUGH 2000
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2 White manual	Sait 1st 46 96
John W. Qualintangle	20. DATE OF DEATH 19.7 at
B.(b) Name of husband or will follow W. Cughinlange	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) May 24 1873	and that last saw harmalive on Alfat 18 4 C
8. AGE: Years   Months   Days   If less than one day	Immediate paose of death DURATION
73 3 7nrsmin.	man Com
	alturpura
9. Birthpiace	Due to.
Harra Wila	The court of the second of the
10. Usual occupation	Due to Rightlesia
11. Industry or business	
12. Name Joly Jamo	Other conditions develte melletin 10 yrs
13. Birthplace Transle Co. Pa	(Include pregnancy within 8 months of death)
14. Maiden name Mary B. Graham	(Include pregnancy within 8 months of death)
14. Maiden name 11. 14. Maiden name 11. 15. Birthplace Frankle & R	Major fiediogs of operations.
15. Birthplace	Date of op.
16. interment John W. aughubayla	Actorsy results.
Address Hazerslow RD+14	PHYSICIAN: Please coderlice the cause to which death should be charged statistically.
12 BUX 4/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or remyval, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or trematory Ceffau Helf	Where did Injury occur?
melicante /a	Injured at home, farm, Industry, public place (where?)
Location & Son if	Means of Injury injured at work?
18. Funerai director	-11111111111
Address Freencaste /g	William V Julian
G. S. W. Life Homenond	23. SIGNATURE M. D. or oth M. D
19. C. 19. 40 Pray 1. 70 COCK	who have and the mount 3 Collis

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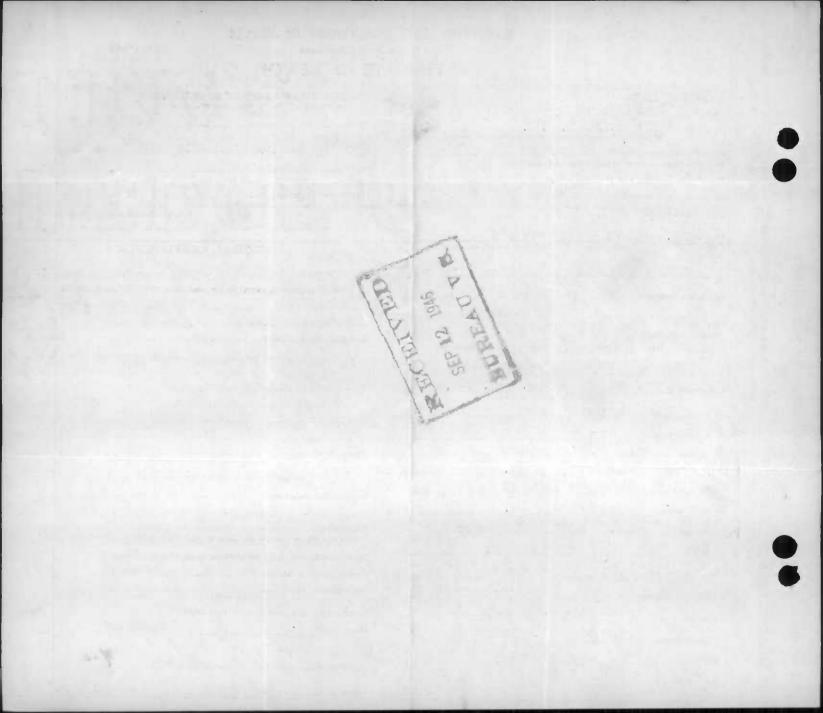
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

# CERTIFICATE OF DEATH

(9323 Reg. Dist. No. 305

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County	State Maryland County Washington
City or town Boonsboro R. F. D. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 4 Years	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 238 South Mulberry St.
Fahrney Memorial Home	(If rural, give LOCATION)
How long in hospital or institution? 4 Years	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Susan Catherine Ausherman	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P
Female White Widow	20. DATE OF DEATH. September 5 1946 at 6.15
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I strended decessed from
0.(5) Italie of Researce of Miles	Agat 1 1946 10 Dept 5 1946
7. Birth date of Palaman CO 3 CO 4	and that last saw had alive on Acat 15 19 46
deceased (mo., day, yr.) FEDFURLY . 30 1864	Immediais cause of death
8. AGE: Years Months Days It less than one day	Poly Haeronkage
82 6 15min.	and the second
9. Birlhplace Lyersville Fred. Co. Md.	Due 10
(Town, county, and atate)	byperlension
tD. Usual occupation Housewife	Que to.
11. Industry or business	
12 Name John D. Delauder	Other conditions.
t2. Name John D. Delauder t3. Birthplace Myerswille Md.	
El Reheade Renner	(Include pregnancy within 8 months of death)
I E I I I I I I I I I I I I I I I I I I	Major findings of operations
\$ 15. Birthplace Myersville Md.	Date of op.
16 Interment Mrs. Herman Harbaugh	Autopsy results
Address Hagerstown ld.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
- 1 1	22. VIOLENCE: If death was due to external causes, till in the following:
Burial Burial Bate thereot 9/7/46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?
Location Hagerstown ld.	Injured at home, farm, industry, public place (where?)
18. Funeral director Andrew K. Coffnan	Meens of injury Injured at work?
Address Hagerstown Md	MISHIAM M.W
11+2 11 00 x1 a N	23. SIGNATURE M, D. or other
19X 274 1946 Paristras	Born along Bate cloud 9/6/46



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Bell

CERTIFIC	CATE OF DEATH
1. PLACE OF DEATH:  County Washington  City or town Hagers town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  45 Elizabeth St.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
John Tilman Barber  4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	
	20. DATE OF DEATH Sept. 12, 19.46 at 9:25p. M
S.(b) Name of husband or wife Emma C.  5.(c) It alive, give age 69  7. Birth date of deceased (mo., day, yr.)  Dec. 17. 1875	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
7.0 7 35hrs.	min. Coursel hemorhage ( months
9. Birthplace near Wilson, Wash. Cty., Md. (Town, county, and state) 10. Usual occupation Painter	
11. Industry or business Own Business	
12. Name John H. Barber 13. Birthplace Funkstown, Md.	Other conditions
置 14. Malden name Lary C. Hose	Major findings of operations no operations.
14. Malden name Lary C. Hose  15. Birthplace Wilson Dist., Md.	Date of op.
16. Informant Mrs. Emma C. Barber	Aotopsy resolts. Na autopany
Address Hagerstown, Md.	PHYSICIAN: Please naderline the cause to which death should be charged statistically.
17. Burial Date thereof Sent. 14. (Burial, cremation, or removal. Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown, Md.	
18. Funeral director. Andrew K. Coffman	Means of Injury Injured at work?
Address Hagerstown, Md.	23. SIGNATURE. Katheel
19. Sekt. 14. 19 th Skorth Lower Res	23. SIGNATURE M. D. or other gistrar Address Hagerstonn Ms., Date signed 9/13/46

SEP 17 1946
BUREAU V.B.

WRITE

PLEASE

VS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

# CERTIFICATE OF DEATH

Dr. Young.

	- 6	3.17	7.00
	1 .		302
-	-		- 44 LU

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residance of mother)
County Washington	State Illinois County Cook
City or town Haragers town limits, write RURAL and give nearest town)	
How tong in above place of death? 4 days	City or town. Chicago (If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:  Vash, County Hospital	Street No. 6235 Blackstone Ave.
How long in hospital or institution? 4 days	2.(a) Il yeteran, nams war
3. (a) FULL NAME	3. (b) Social Security Number 334-14-5982
Benjamin F. Bausman  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
4. Sex 5. Color of face 6.(6) Single, married, wildowed, or differen	MEDICAL CERTIFICATION
male   white   single	20. DATE OF DEATH Sept. 7, 19.46 3:05A. M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above etaled; that t attended deceased from
6.(c) If alive, give ageyears	and that I tast eaw h 22 21/10 on 9/1/4 6 18
7. Birth date of deceased (mo., day, yr.) June 1, 1867	Immediate cause of death DURATION
8. AGE: Years   Months   Days   Illess than one day	
79 3 6hrsmin.	Cerebral Aemont of Imo
9. Birthplace Hagerstown, Wash, Cty., Md. (Town, county, and state)	Due to.
1D. Usual occupation. Clerk	Due to
1t. Industry or business Department Store	
Jacob Bausman  13. Name Jacob Bausman  13. Birthplace Hazerstown, Md.	Other conditions
	Afficiance deat Chand (Include pregnancy within 3 months of death)
14. Maiden name Barbara Kauffnan  15. Birtholace Hagerstown, Md.	Major findings of operations
\$ 15. Birthplace Hagerstown, Ld.	Date of op.
16. Informant Ars. J. L. Tonbaugh	Autopsy results
Address Hagerstown, Ld.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burlal Date thereof Septs 9, 194 (Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown, ld.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffnan	Meane of Injury trijured at work?
Address Hagerstown, Ild.	Spir berry MI
116- 110	23. SIGNATURE M. D. or other
19 Seff 7 19 4 Glasff Jower 8 (Date sec'd by registrar) Registrar	Address Hafys John My Date signed 1/1/6

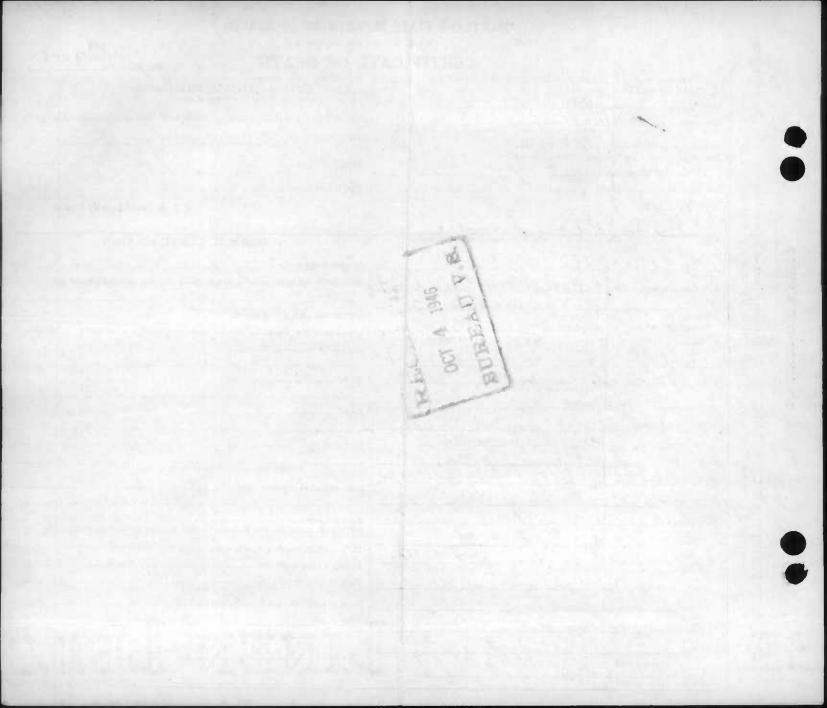
SEP 10 1946 BUREAU V.E.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county ON as fring to	(For newborn infants give residence of mother)
City or town	State Mayfland county Washington
	City or town
How long in above place of death?	
hapsing	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME  O ha las Plan Dender 13 e	3. (b) Social Security Number
4. Sex   5. Color or race // 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male affite married	20. DATE OF DEATH S & S. 29 10 4 6 21 5 30 pm
8.(6) Name of success or wife a green my still Rando	21. I CERTIFY that death occurred on the date above stated: that I attended decessed from
/ / / / / /	Vue 15 1946 10 Sep 29 11 46
7. Birth date of	and that I last saw h. A. P. C. allive on
deceased (mo., day, yr.) (1511) 23/4.88	Immediate cause of death
8. AGE: Years Months Days It less than one day	Cardio Vascular Renal
661036min.	Disease 5Vrs.
9. Birthplace Sharpelined md	Due to
Town, county, and state)	
1D. Usual occupation Action	Due to
11. Industry or business allonal Cemetery Sharpehung	
12. Name Penfamin Penble  13. Birthplace Analos Lend mol	Other conditions
13. Birthplace Sharpslung md	(Incinde pregnancy within 8 months of death)
El Pelacheel His molde	\
14. Maiden name	Major findings of operations.
15. Birthplace Indepoliced and	Date of op.
16. Informant Mag agrila May Bender	Autopsy results
Address, Ahaelashua Mal	
6-10-10-1	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, fremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or hamicide
Cometery or crematory Mt Ween Cometery	Where did injury occur?
Location Sharpshoung mal	Injured at home, farm, industry, public place (where?)
2,211,60 /13	Means of Injury tnjured at work?
18. Funeral director	11 1/1
Address Williams ports mod	23 SIGNATURE /- // Orgager M.D.
(not) 46 Poll Suus	M. D. or other
(Date rec'd by registrar)	Address hepherastown W. Bate signed en 3046



VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INF. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

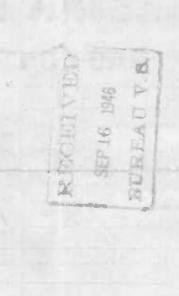
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0

# CERTIFICATE OF DEATH

(9327 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington	0 0
City or town (If outside city of town limits, write RURAL and give nearest town)	State Maryland County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
no le la Broadway	Street No. 8.3.0. N. Sentalou St. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
S. (a) LOTE HAME	3. (b) Social Security Number
Mellie Blicker	istaff house
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Widowed	20, DATE OF DEATH SET A 1976 21 5/10/ M
6,(b) Name of husband or wife Elkana Blickenstall	21. I CERTIFY that death occurred on the date above staged; that I aftended deceased you
	Serving of serving
7. Birth date of	and that I last say Chillye on 18 Ho
deceased (mo., day, yr.) September - S - 1868	Lambedian cause of death DURATION
8. AGE: Years Months Days It less than one day	
78 0 6min.	estal Humilog I La
8. Birthplace Wolfsville Fred. Co. md.	Due i
(Town, county, and state)	
10. Usual occupation.	Due fo
11. Industry or business DUM Home.	000 10
12 Name Benjamin Shulf	Bther conditions
12. Name Shufarulu Shuff	
3.00	(Include pregnancy within 3 months of death)
14. Maiden name Sarals	Major fisdings of operations.
\$ 15. Birthplace 3 red. Co. md.	Date of op.
18. Informant D. Ronald Bliebenstall	Autopsy results
Address No lolo Broadway Haguston Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Benefit Climatan	Where did injury occur?
1 A 10 B	
Location Single Vnd	Injured at home, farm, Industry, public place (where?)
18. Funeral director. UM 3. 19 and 4 Simo	Means of injury Injured at work?
Address A. B. ronstru Md.	Ack Deadle Mil)
Soft 15 11 Clear La Brascopal	23. SIGNATURE M. D. Jother
19. (Date rec'd by registrar)  Registrar	Address Hogroture William Street 4. 1/4/



PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

2 JISHAL RESIDENCE (HOME) OF DECEASED.

		- (	0.2	9	9	
No		1	67.69	5	4	0
-	Reg.	Diat.	No	2	0	2

1. PLACE OF DEA		2	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n		
City or town. (If outside city or town limits, write RURAL and give nearest town)		State Naryland county Washington			
How long in above place	of death?	58 years	City or town		
Hospital, institution, or	street address where	death occurred: nty Hospital	Street No. 739 Chestnut S		
***************************************		hours	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security	Vumber
	G:	rover Cleveland Bowa	rd		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
hale	White	Widowed	20, DATE OF DEATH Sept. 22	2, 1946 19 3:1	A. A. Ile
S (b) Name of husband	nr wife Ros	se Boward	21. I CERTIFY that death occurred on the date above	va afated; that t affended decea	aed from
		6.(e) If alive, give ageyears	19		
7. Birth date of deceased (mo., day, y	Sept.	23, 1887	and that I last aaw hative on		
8. AGE: Years	Months	Days If less than one day	Multiple fractures	sof skull	3 has
	58 11	29hra,min,	Hemorrhage into br	ain	
9. BirthplaceHa	gerstown	county, and state)	Due to		***************************************
		tric Welder	Que to		» · · · · · · · · · · · · · · · · · · ·
11, Industry or business	2		096 10		
12. Name	nanuel B	oward	Other conditiona		
	Wash.	Co., Md.	(Include pregnancy within 8 m	nonths of death)	
置 14. Malden name.	Ellen	Springer	Major findings of uperations		
14. Maiden name.  15. Birthplace	Hagers	town, Md.			
			Autopsy results. 23 2 50VE PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.
D	- 7	nd Ave- Hagerstown,	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide.	ses, lill in the following;	20/46
17. Bur	an name of Which?	Date thereof Sept. 25, 19 (month) (duy) (year)	Accident, suicide, or homicide. Homici	Date of 9/	22/40 Md.
Cemetery or cremato	Rose	Hill Cemetery	Where did injury occur? Hagers tow	aDharanty PI	(State) ronk-
	gerstowi		S. W. Corner of Minuted at home, farm, industry, public place (wh	ere?) 11n St	N.
		W. Kraiss	Maana of Injury Fight	Injured at work?	NO EDICAL EXAM.
Addresso	Hagersto	vn, Md.	of Wohner	Willawash.	
Seht 2	5. 111	Black Bowers!	23. SIGNATURE ( Volume )	М. D.	
(Date rec'd by re	gistrar) 19.979	Registrar	Address	Oale signed.	7/23/36

SEP 27 1946 BUREAU V.S. MARGIN RESERVED FOR BINDING

A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83 a

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		1
CERTIFICATE	OF	DEATH
V	~ ~	

Reg. Dist. No. 386

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	leland in the
City or town (If outside city or town limits, write BORAL and give nearest town)	State Ma County Washington
How long in above place of death?	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give hearest town)
nospiral, institution, or street address where ages of the street	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Helen Grace Smith	Brown 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Vernale W married	20. DATE DE DEATH. 20. DATE DE DEATH. 21. 44. 6 / M
6.(b) Name of husband or wife Pussell a Brown	21. I PERLIFY that death occurred in the date above etated; there attended deseased from
Sito) Rame of Moseum of Mile.	Dec-10 19/9 1944 1946
7. Birth date of	and that I last saw he wall ve on 9.3-1
deceased (mo., day, yr.) March 26 1895	Immediai-cause ab deaths
8. AGE: Years   Months   Daye   If leee than one day	7 1 1 1 1 1 1 1 1
51 5 8min.	Company 1
Facilila Parana	J. J
9. Birthplace Transfull County, and state)	Due 10
10. Usual occupation House Wefe	<u> </u>
IV. USU21 OCCUPATION.	Due to
11. Industry or business	
H 12. Name Calvin Smill	Other conditions of the condit
13. Birthplace Cascade Ind	(Include pregnancy within 3 months of death)
14. Maiden name Nancy Milly	(Include pregnancy within 3 months of death)
14. Maiden name Nancy Instlu 15. Birtholace Cascade Md	Major findings of operations
El 15. Birthplace ascaa 119	Date of op.
16 Informant Russell a Grown	Autopsy results
Address Castade md	PHYSICIAN: Please underline the caose to which death should be charged statistically.
NB. 0 87 1041	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which)  (Burial, cremation, or removal. Which)	Accident, suicide, or homicide
Batt 1 Committee	Where did laiury occur?
Cemetery or crematory.	Where did injury occur?
Location Velary Cascade, My	Injured at home, farm, Industry, public place (where?)
18. Funeral director A alter & Grove	Meene of Injury Injured at work?
Address Maurintoni Venna	XII Po Moora
MUNICIS IV CANADA ON STATE	23. SIGNATURE M. D. or other
19 Sept. W. Language (Date rec'd by registrar) Sept. W. Language Registrar	Address Blue Ridge Sumit Pa Date signed 9/50/46

SEP 17 1944 BUREAU V E

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### MARYLAND STATE DEPARTMENT OF HEALTH

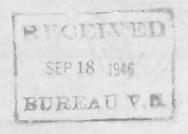
2411 N. Charles St., Baltimore /70-

### CERTIFICATE OF DEATH

(19330)

302

1. PLACE OF DEATH:  County Washington County  City or town Hagerstown limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)  State		
How long in above place of death? 3 days			7.8	City or town Detroit (If outside city or town limits, write RURAL and give nearest town)		
	r street address where neton Co		Mospital	Street No. Penrod Ave	(A) N	
			J.S	2.(a) It veteran, name war	1/	
3. (a) FULL NAM	E	Geo	rge William Bu	3.(b	) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIF	FICATION	
Male	White		Married	20. DATE DF DEATH	46 , 5:05P	
	6.(b) Name of husband or wife Minerva F Butler  5.(c) It alive, give age years			21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from	
7. Birth date of	Tune	25 <b>,</b> 18	) It alive, give ageyears	and that I last saw halive on		
deceased (mo., day,		Days	If less than one day	Immediate cause of death	DURATION	
54	2	20	hrs min.	laceration of bra	ain 14 Lee	
9. Birthplace	Detroit.	Michi	gan ate)	Due to Open fracture of		
11			ia.) ldon Elect. Co	Multiple farctures		
11. Industry or busines	s Detr	oit,,M	ichigan	hemorrhage & shocl	ζ	
置 12. Name	Emanul B			Other conditions.		
13. Birthplace	Nova Sc	otis		(Include pregnancy within 3 months of	f death)	
14. Maiden name. 15. Birthpiace	Charlot	te -		Major fiedings of operations		
15. Birthplace	Englan	d			Date of op	
16. Informant RO	bert But	ler	***************************************	Autopsy results as above Sept/14/46		
Address Det	roit, Mi	chigan		PHYSICIAN: Please underline the cause to which death		
17. Burial Date thereot Sept. 20.1946 (month) (day) (year)			ot Sept 20.194 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in Accident, suicide, or homicile		
cemetery or crematory Roseland Cemetery			metery	Accident, suicide, or homicide	(County) (State)	
Location Detroit, Nichigan.			an	Injured at home, farm, industry, public place (where?)	ante ## 40	
	18. Funeral director, Fred W. Kraiss			Meens of injury later calling		
	agerstown			S. Kole 8/17.00	DEPUTY MEDICAL EXAM	
Self.	16. 46	13	instillacions	23. SIGNATURE CONTROL	M. D. on other	
(Date fee'd by registrar)  (Date fee'd by registrar)			Registrar	Addre Magentaun Mad	Date signed 9/16/46	



VS A15

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

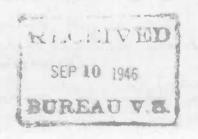
2411 N. Charles St., Baltimor

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	10.00	MAC IN	areally.	

1)	(1	1)	7	-
U	4	O	J	3

-	Dist.	B.T.	 30	5
Reg.	Dist.	No.	 1	V 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give_realdence of mother)
County Plashington Russ	State Maryland county Cartrall
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 10 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(2.) Il teletan, nanic was
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	4 6 11/ 11/
Male Wille Widowed	20. DATE OF DEATH REPS 0 19.76 at / A M
6.(b) Name of husband or wife Engel Caughor	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Migust 1946 10 Defet 8 1976
7. Birth date of deceased (mo., day, yr.) Orthogram - 30 - 18(0)	and that I last saw h the alive on Ageterales 5 18 46
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
84 10 8hrsmin.	
e stripping Carriel co. md.	Due to Staterio selevorio with day 6 who
9. Birihpiace (Yown, county, and atate)	expanse of lock feet
10. Usual occupation.	Due to
11. Industry or business	Chronic muocardites 540.
I 12 Name Ornos Carlos	Differ conditions
12. Name OMOS Collar Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name Rachel & Smith	Major fiadings of operations
15. Birthplace	
16. Informant	Autopsy results
Address Wednamalle, Md'	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial - Date thereof Silt 11,1946	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?)	
Cemetery or crematory.	Where did injury occur?
Location Tipe Crell Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Westvick Apr. and	Myster on o
SIN A SI PA V	23. SIGNATURE M. D. oppther
(Datarec'd by registrar)  (Datarec'd hy registrar)	Address Boonsboro - Date signed desst & 4h.



9-45-15M

A15 NS

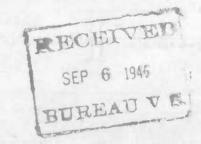
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



(933) Reg. Dist. No. 30 4

1. PLACE OF DEATH:  County					2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:	
					State Maryland		n
(11.00	as death?	ven De	y.s		City or town (If outside city or town ii	imits, write RURAL and give I	nearest town)
How long in above place Mospital, Institution, or	street addrese where	death occurred	3		Streel No		
		0	******************************		(If rurn),	give LOCATION)	
How long In hospital or	Institution?				2.(a) If veteran, name war	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. (a) FULL NAME						3. (b) Social Securit	y Number
3. (d) POLL HAME		Richar	d Edward (	Coff	man	NONE	
	5. Color or race	1 & (a) Single	, married, widowed, or divorced	- 11	MEDICAL	CERTIFICATION	
4. Sex	S. Color of race	14 14 14 14			MEDICAL	CERTIFICATION	10
Male	White	Si	ngle		20. DATE OF DEATH SLESS	3-46 19	, al ,
					21. I CERTIFY that death occurred on the date	e above etated; that I ettended de	oceaeed from
6.(U) Name of husbans	Of Wilz		**************************************		/m/ 3.46	19	
7. Birth date of	o x x o o o o o o o o o o o o o o o o o	5.(0	) If allye, give age	years	and that I last eaw h	24 3-46	19
deceased (mo., day, y	v) Nove	mber 2	, 1340		Immediate cause of death		OURATION
8. AGE: Years	Months	Days	If lese than one day				
3	10	1	hre.	min.	Crushed als	loner	******
A Biotheless III	niontown	Pa.			Oue 10		
9. Birthplace	(Town	, county, and	tate)		(Transform)	Lynn-	
10. Usual occupation	Infant				Oue to		
11. Industry or business	3						
		Coffr	nan		Other conditions		
	Allegane						
And the Committee of th		*			(Include pregnancy with		
E 14. Malden name.	Gradys			*********	Major findings of operations		0==
15. Birthplace	Berkley	Spri	ng Wva		***************************************	Date of op	
16 Interment C1	arence	Coffm	an		Antopsy results		T = ** ** . N .
	ncock, 1				PHYSICIAN: Please underline the cause		eu statistically.
			Cant 6 10	146	22. VIOLENCE: If death was due to extern		9/3/11
17. Burial Date thereof Sept. 6 1946 (month) (day) (year)				r)	Accident, suicide, or homicide	Dais of	- n -
Cemetery or crematory. Damascus.					Where did injury occur?	own) (County)	(State)
Location Fulton Co. Pa - Near Hancock, I				- 1	dolured at home, farm, industry, public place	ce (whore?) Luffie A	story
					Means of Power 2 over by an	transtalinjured at work?	'w'
18. Funeral director	Snyder	- Row	land	/	mount options; to the same of the same options	/	-0
Address	Hançock		2001		9711	0115 1 4	charge .
(1.11.	_11/	()	11. Hello	8/	23. SIONATURE		D, or other
19. (Date reg'd by re	76 <sub>19</sub>		u o / cour	gistrar	Address Hezustin	Date sign	ed



9.45.15M

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0

# CERTIFICATE OF DEATH

Reg. Dist. No. 3303

The state of the s	
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	Tan will Ill A Prost for
City or town (If outside city or town limits, write RUKAL and give nearest town)	State Mayland County Washington
0.4	Cily or town the Shing Runs
How long in above place of death?	(If outside city or town limits, write RVRAL, and give nearest town)
Hospital, institution, or street aggress whore greath occurred:	Street No.
***************************************	(1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If vetoran, name war
3. (a) FULL NAME / Marco Original	3. (b) Social Security Number
3.(a) FULL MARIE Annie Amelia	Soulon none
4. Sez.   5. Color or raco   8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple White Married	20. DATE OF DEATH Sept. 12 1946 21 7:30 Q
to an an and	
8.(b) Name of Ausband or wife Chaillo Collicon	21. I CERTIFY that death occurred on the date above stated; that Lattended decessed from
	Sept 6, 1966 10 Sept 2111 76
7. Birth dato of May 16 1863	and that I last saw h. X
deceased (mo., day, yr.)	Immediate crose of deaths
8. AGE: (7)	Fractive of right 6 day
DO 3 16min	hip - Due to account
9 Birtholace Washington Co.	Que totall in her home
9. Birthplace	
10. Usual occupation Jone Work	Oue to.
11. Industry or business	Cuder Venal 30h
12. Name Kudolph Reps 13. Birthplace Washington Cu.	Other conditions
	(Include pregnangy within 3 months of death)
14. Malden name Elizabeth Ruhn.	
15 Richard I Nashington Co.	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Cherica Con Con	Antopsy results
Address Clean Shing	
V2 101	22. VIOLENCE: 11 death was due to external causes, filt in the following:
(Burial, cremation, or removal, Which?)  Oato thereol (Month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Rose Hill Cemetry	Where did injury occur?
Poloni Chuine	Injured all home, farm, industry, public place (where?)
Location	Maana of Injury Injured at work?
18. Funeral director Wydu - Kow low L	
Address Clear Shring, Ma	A Taviel N (Reserves M.)
Die In In In In	23. SIGNATURE M. D. or other
19 44 /3 10 46 Hepli W. Wylls	ory Please Albring Mode 9/12/4
(Dute rec'd by registrar) Registra	Address



VS A15

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [79-8]

# CERTIFICATE OF DEATH

09334

123	T	25.					
1		39	Dist.		3	0	4-
3	3	Reg.	Dist.	No.		75	A

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Clashington Russel	State Mary land County Washington
City or fowa MC (If outside city or town limits, write RUKAL and give nearest town)	70 2 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Boonstro md R.	Streef No. Dotolas Irao M. d. (K. (frural, give LOCATION)
How long in hospital or institution? at Hours	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Graham albert Ce	elbert 372-14-4371
4. Sex 5. Color or raca 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Married	20. DATE OF DEATH. September 19 19.46 19:30 M
6.(b) Name of husband or wife Della Cullet	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Section 6.(c) If alive, give age	
deceased (mo., day, yr.) May, 52 - 1908	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of ceating.
38 3 21hrsmin.	Cause to be supplied later
8. Birihplace (Town, county, and state)	Due to Quite strychnine poisoning:
fD. Usual occupation — — OVVIII	Due to
ff. industry or business Milk Porute of rator	
E 12. Name Kreely Cullbut	Other conditions
2 13. Birthplace Standish Milygus	(Include pregnancy within 8 months of death)
14. Malden name Oddie Trimslaw	Major findings of operations
\$ 15. Birthplace Mt. Doust Ontario	Date of ep.
16. Informant Knesly Cullet Are	Autopsy results.
Address Brown bas Md. R. T	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof S. L. 23, 1946. (Bonnah) (day) (rear)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accidenf, suicide, or homicide
Cemetery or crematory - brest Lawn Cemetary	Where did injury occur? (City or town) (County) (State)
Location Sagriau Michigan	Injured at home, farm, industry, public place (where?)
-0001 A. AWK	Means of Injury Injured at work?
18. Funeral director	10.0 Y 10 0 DEPUTY MEDICAL EXAM
Address Johnshit Mind.	23. SIGNAMBE YOUR OWELLS WASH, GO, MB.
19 Sept. 20.1. 19 The Control of the	Address Harestown Modes 9/20/4/

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SEP 24 1946
BUREAU V. R.

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PLEASE

WRITE PLAINLY, WITH UNFADING N.K. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# A P

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4672)

### CERTIFICATE OF DEATH

leg. Diat. No. 302

1. PLACE OF DEATH: 1/1 Confirmed and 1/2	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).
County County and County	n T
(If outside city or town limits, write RURAL and give nearest town)	State Mary County County
How long in above place of death? 6 5 years	(If outside city, or town limits, write RURAL and give nearest/town)
Hospital, Institution, or street address where death occurred:	Street No. Washington Country Home.
Washington Council Home	(If rotal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Howard Nors	ey
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thale Regro Widower	2D. DATE OF DEATH. Sept 18 - 19 46, at 6 M
6.(b) Name of husband or wife Carrie Darsey	21_LCERTIFY that death occurred on the date above stated; that Lattended deceased from
	Dept 124 1946 10 Dept 18 1946
7. Birth date of	and that I last saw h. Landlive on 18.46
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
65 3nrsmin.	
Hand it and Man Man	Essal-2012
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name plus T. Darsey 13. Birtholace Frederick, md.	Other conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name Sarah Jane Danio	
14. Malden name. Sarah Jane Danio 15. Birthplace Hagelstauw, Md	Major findings of operations.
min marile fold.	
18. Informant	Autopsy results
Address 706 16 garacus 30.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Roser Yill Cemetery	Where did injury occur?
Harristering md.	Injured at home, farm, Industry, public place (where?)
Location Tags LL D	Means of Injury Injured al work?
18. Funeral director.	0 120 11 12
Address & 9/ Fredrich st Hadeslove	123 SIGNATURE CORNIST & Grown J
sept. 21, 46 Chastidowere	M, D, or other
(Date sec'd hy registrar) Registrar	Address Address Date signed 20/4/

RECEIVED SET 24 1948 BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

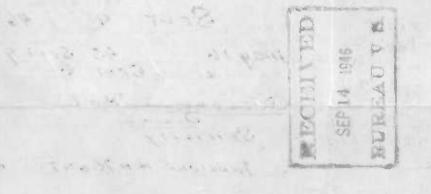
2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	-	
Reg. Dist. P	To	4

09336

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland county Washington
(If outside city or town limits, write RORAL and give nearest town)  How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?  3. (a) FULL NAME	2.(a) If veleran, name war.
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH SEPT. 9 19 46 2 9 43 M
6.(b) Name of husband write Albert Flowers	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from may 16 19.45, to SEPT. 9 19.46
7. Birth date of	and that I last saw h 2 allve on SEPT 6 1946.
deceased (mo., day, yr.) A 9 5 13 874  8. AGE: Years   Months   Days   11 test than one day	Immediate cause of death DURATION
7 2 0 26hrsmin.	aterioaclerotic Heart
	Due to SENILITY
(Town, county, and state)	
10. Usual occupation Housewife	FRACTURE HIP RIGHT - Jan-30/46
11. Industry or business	Due to: accidental falls Ewego
Il la Name Silas Fisher	Other conditions
13. Birthplace Penna.  14. Malden name. Susan Strait	(Include pregnancy within 3 months of death)
6	Major findings of operations TRacTow hip. Right
A 1 manual 1	Antopsy results. No onc.
16. Informant Mr. Loney + lowers	Antopsy results
Address Rogers Heights, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial, cremation, or removal, Which?)  Date thereof Sept. 12 1946.  (month) (day) (year)	Accident, suicide, or homicide. Chardenta. Date organizary other 1946.
Cemetery or crematory St. Pau S Luthera NChurch	Where did injury occur?
Location Rogers Heights Md	Injured at home, farm, industry, public place (where?) O.t. harmes
18. Funeral director. Charles R. Bast	Means of injury Occidental fall Injured at work?
Address Hancock Md.	23. SIGNATURE CICRE CoRece
19. 9-61-468 Jahnteller	Clery Aprin Ford M. 9/10/4-6



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /4-

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	-				21	-> .
-	A	Reg.	Diat.	No	50	

1. PLACE OF DEATH:  Vashington  City or town  (If outside city or town limits, Write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Washington County Hospital  How tong in hospital or institution?  9 days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland. County. Washington  City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. 874 Virginia Avenue  (If rural, give LOCATION)  2.(a) It veteran, name war.			
3.(a) FULL NAME Don Allen Gentry	3. (b) Social Security Number None			
4. Sex Na le   5. Color or race   6. (a) Single, married, widowed, or divorced   Single	MEDICAL CERTIFICATION  20. DATE OF DEATH Se t. 5, 1946 10:33 P. M.			
6.(b) Name of husband or wife	21. I CERTIFY that don't occurred on the date above stated: that I attended deceased from  2. 19.46. 10. 9. 19.46.  and that I last saw h. Ann. Antive on			
8. AGE: Years   Months   Days   It less than one day   21	Mesningites acute Julesculous			
9. Sirthplace Hagerstown - Wash e Md e (Town, county, and etate)  10. Usual occupation None  11. Industry or business	Due to			
12. Name Samuel J. Gentry  13. Birthplace Dobson, N. Carolina  14. Maiden name Elaine Myers  15. Birthplace Hagerstown, Md.	Other conditions			
16. Informant 874 V. Ave. Hagerstown, Md.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statisticslly.			
Address  17. Burial Burial Bate thereof Sept. 7, 194  (Burial, eremation, or removal, Which?)  Cemetery or crematory Rose Hill Cemetery  Location Hagerstown, Md.	C 22. VIOLENCE: the death was due to external causes, fill in the following;  Accident, suicide, or homicide			
18. Funeral director Fred W. Kraiss  Address Haserstown, Md.  19. Sept 7 19.46 Chasfffowers.	23. SIGNATURE M. D. or other  Address Tagerstone M. D. or other  Address Tagerstone M. D. or other			



VS A15

MARYLAN	D STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 83 00

# CERTIFICATE OF DEATH

(19338 Reg. Dist. No. 3 0 2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Washington				
City or town	State Fryland Washington Hagerstown			
How long in above place of death?	City or laws			
Hospital, Institution, or street address where death occurred:	Street No. 630 Highland Way			
630 Highland Way	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Florence Elizabet	h Gigous			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Married	20. DATE OF DEATH Sept. 5, 1946 12:00 Noon			
8.(b) Name of husband or wife. Winter Gigous	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from			
7. Birth date of Appil 16 1971	and that I lest saw h. A. alive on Acad T 19 4 6			
7. Birth date of deceased (mo., day, yr.) April 16, 1871	Immediate cause of death DURATION			
8. AGE: Years Months Days If less than one day	Immediate cause of death			
75 4 20hrsmin.	Cerebral Hamourhan o			
Washington Co., Md.	P. de			
9. Birthplace	Exertial leggerleneron 1575			
10. Usual occupation Home Duties	Due to			
tt. industry or business	0.00			
Hezelish Mongan	Dther conditions			
t3. Birthplace Wash. Co., Md.				
C 13. Birinpiace	(Include pregnancy within 3 months of death)			
14. Malden name Alice Daugherty	Major findings of nperations			
\$ 15. Birthplace Wash. Co., Md.	Date of op.			
t4. Malden name	Autopsy results			
Address 630 Highland Way- Hagerstown,	PILYSICIAN: Please underline the cause to which death should be charged statistically.			
	22. VIOLENCE: If death was due to external causes, till in the following:			
t7 Burial Bate thereof Sept. 8-1946 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory St. Pauls Cemetery	Where did injury occur?			
Location Western Pike	Injured et home, farm, industry, public place (where?)			
18. Funeral director Fred W. Kraiss	Mesne of Injury tnjured st work?			
	Man Sul Dur			
Address Addres	23. SIGNATURE JUDIU au M. W			
19 Sept. 7 1946 Shapft Lower	M. D. of owner			
(Date red d by registrar) Registrar	Address Domstoro, Date signed 7/6/96			

SEP 10 1946
BUREAU V &

CERTIFICATE OF STILLBIRTH

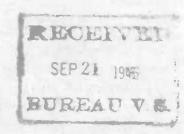
Reg Dist No 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

			Barrens of more (see study)
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Warling long City or town Hazers Com		State May Could
	(If outside city or town haits, write RURAL and give nearest town) Street address, hospital, or institution:		City or town to gais Tour
	Wooling lan County Hoop.		(If outside city or town limits, write RURAL and give nearest town)
	Length of mother's stay in County. 22 4 . (How many years, or months, or days. SPECIFY WHICH)		Street No. 67 Broadway (If RURAL give LOCATION)
3.	Name of child Boly Boy tarper	4.	Date of birth 3017. 18 1946 Hour 8:50 P. M.
5.	Sex Male   & Twin or triplet.		No. of weeks pregnancy. 40
	o FATHER OF CHILD		MOTHER OF CHILD
8.	Full name Koy Kobert Harfael	3	Full maiden name Margaretalmedy Daniels
9.		13.	Color 14. Age at time of this birth 26 yrs.
11.	Usual occupation Clark	15.	Usual occupation Howeurfo
16.	Other children born to mother (not including present child):	: (a)	How many children of this mother are now living? O
	(b) How many other children were born alive but are now dea		
17. 18.	Did child die before labor? During labor? Pregnancy, complications of		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.  (a) Fetal causes
19	Labor: (a) Complications of		(b) Maternal causes
10.	(b) Induced?		(o) Material Causes
20.	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
	(b) State all operations, if any page (Yes or No)		on the date and hour above stated.
	extraction a		Signature Cerlin Suplish, h
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address 214 n. Volonce &.
23.	(a) Quital (b) Date thereof 44 19 1946 (Burial, cremation or removal) (month) (day) (year)	25.	(a) Special (b) Broth Howers (Registrar)
	(c) Cemetery or crematory lose Hell Cemetery	26.	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director Scot & Munuch for		The above certificate has been examined by me.
	(b) Address Augustown Ma		Health Officer, per

\* See Instruction C on stub.

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VS A15

2411 N. Charles St., Baltimore 934

# CERTIFICATE OF DEATH

29 Reg. Dist. No. 304

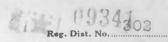
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
county Washington	state Maryland county Washington				
City or town	Home and a				
How long in above place of death?	City or town				
Hospital, Institution, or street address where death occurred:	Street No.				
	(If rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war				
3.(a) FULL NAME Sue File Horrwond	3. (b) Social Security Number				
Sue Ella haywalu	None				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female White Widow	20. DATE OF DEATH. Sept. 9, 1946 6:00 A. M.				
20 1. 11	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
6.(b) Name of harband or wife. Charles Hayward	Sapt 8 - 19.46 to Saft 9 19.46				
6.(c) It alive, give ageyea	and that I last saw her alive on Sapt 8, 19 46 - 19				
7. Birth date of deceased (mo., day, yr.)  July 10, 1866					
8. AGE: Years   Months   Days   If less than one day	Extraustion DURATION				
80 1 <b>2</b> 9mi					
Mashington Co.	and artemosciphie Hant General not Know				
9. Sirthplace (Town, county, and state)	C Perstysmal Tackycondia -				
to Usual occupation Home Duties	C. Walt John J. Wall and J. C. Control of the Contr				
	Oue to				
tt. Industry or business	Charge and Hope Keyness and sewally not Known				
12. Name George Gartner  13. Birthplace Holland	Other conditions				
	enlayed treat (Include pregnancy within 8 months of death)				
# t4. Maiden name Nagdeline Fedder	See date faturaise) -				
t4. Maiden name hagdeline Fedder  15. Birthplace Holland	Dale ot op.				
Carley Hadata	Autopsy results.				
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address Howwick Ma	22. KIOLENCE: If death was due to external causes, till in the following:				
t7 Burial Date thereof Sept. 12. 19 (month) (month) (morth)	Accident, suicide, or hamicide.				
cemetery or crematory St. eter's Catholic Cem.					
Hancock, Md.					
18. Funeral director Snyder Rowland Rune ral Home	Msans of Injury injured at works				
Haracek Md.	Thomas MIT IN				
Address / Della / Address	23. SIGNATURE M. D. or other				
19 9/12/46 18 XVII STELLES	Store to the total eliabeth				
(Dule ren'd My registrar) Registr	ar Address Date signed				



A15 SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
County Washington	Naryland Washington					
City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)	·····   7 a) a w 2 2 2 2 1 2	7 836 W NEL 247E				
How long in above place of death? 2 Days	City or town	City or town				
Nannital Institution or street address where death occurred.	Street No. 31 West Franklin st.					
Washington County Hospital	(If rural, give LOCATION)					
How long in hospital or institution? 2 Days	2.(a) it veteran, name war					
3. (a) FULL NAME	3. (b) Social Security Number	er				
Arthur Joseph Hendricks	577-20-0579					
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	P				
Male white Widower	20, DATE OF DEATH September 3 1946 19 , at 1	1.55				
6.(b) Mame of husband or wife	21. I CERTIFY that death occurred se the date above stated; that I attended deceased fro	m				
the state of the s	A-20-146, 10 9-2-46					
7. Birth date of	and that I last saw harmalive on 9-3-46	19				
deceased (mo., day, yr.)  R ACE. Years   Months   Days   it iess than one day	Immediate cause of death	DURATION				
o. Auc.		***********				
75   5   17  hrs.		Leave				
9. Birthpiace Fayette Sanca Co. N.y. (Town, county, and state)	Due to.					
10. Usual occupation Salesman-Retired						
A A 1- 2 7	Due to					
11. Industry or business AUTOMODITE  12. Name William H. Hendricks						
	Other conditions					
3 13. Birthplace Fayette N. Y.	(Include pregnancy within 3 months of death)					
14. Malden name Malinda Backman  15. Birthplace Fayette N. Y.	Major findings of operations					
2 15. Birthplace Fayette N. Y.	Date of op.					
16. Informant. Mrs. Gladys H. Wolf .	Autopsy results					
77 1-3	PHYSICIAN: Please underline the cause to which death should be charged statistic	ally.				
-1-1:-	22. VIOLENCE: If death was due to external causes, till in the following;					
17. Burial Burial Date thereol 9/6/46 (month) (day) (year)	Accident, suicide, or homicide					
Cemetery or crematory Restvale Cemetery	Where did injury occur?	e)				
Location Seneca Falls New York	Injured at home, farm, Industry, public place (where?)	*************				
18. Funeral director Andrew K. Coffman	Means of injury injured at work?					
Address / Hager stown Md.	9/10.00					
XII - Breakly wies	23. SIGNATURE	r				
19. Date red by registrar)  (Date red by registrar)  (Registrar)	strar Address Date signed Date signed The s	4.6				



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

1	31-		Dist.	0	22	1	/
.75	7.	Reg.	Dist.	No	. 0	U	1

1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
county Washington County			
City or town	City or town Williamsport, Maryland  (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 6.5 Yrs.			
Hospital, institution, or street address where death occurred:	Street No. 17 Fenton Ave.		
17 Fenton Ave.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Elizabeth Higgens	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female Married	20. DATE OF DEATH		
8.(b) Nama of husband or wife I.a.c.ob Higgens	21. I CERTIFY that doub occurred on the date above stated; that intended decayed from  19		
deceased (mo., day, yr.) Sept. 19 1880	Immediate charge of death DURATION		
8. AGE: Years   Months   Days   If less than one day	Immodiate chuse of death Och Lucion 5 Lss.		
65 11 21hrsmin.			
9. Birthplace Williamsport RFT #2 Md.	Due to		
1D. Usual occupation Housewife	***************************************		
TT - wa a	Due to		
11. Industry of business			
12. Name David Hose 13. Birthplace Maryland	Other conditions		
	(Include pregnancy within 8 months of death)		
# 14. Maiden name Elizabeth Guessford			
t4. Maiden name Elizabeth Guessford  15. Birthplace Maryland	Major findings of operations.		
\$ 15. Birthplace	Date of op.		
16. Informant Jacob Higgens	Autopsy results		
Address 17 Fenton Ave. Williams port Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external couses, fill in the following:		
Date thereof. Sept. 11 1986.  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory. St. Pauls Cemetery	Where did injury occur?		
Localion Near Clearspring Md.	Injured at home, farm, industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director Edith V. Leaf  Address #7 Church St. Williamsport, Md.	A Plane		
() 1 M. O. () () () ()	23. SIDKATURE M. D. or other		
(Dalo ree'd by registrar) 19 4 6 Mus & Lee Michael Registrar	Address Williamfort, und Det signed 9/9/46		



#### 2411 N. Charles St., Baltimoru

0	93	43,
Rug.	Dist.	No. 20 4

CERTIFICAT	TE OF DEATH  Rug. Diat. No. 20			
1. PLACE OF DEATH:  County VAS 1: 49 to A  City or town (If outsidu city or town limits, write RURAL and give nearest town)  How tong in above place of death? 5 Y CAT 3  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State			
How tong in hospital or institution?	2.(a) If veteran, name war			
3. (a) FULL NAME  Catherine Bottenfield Hixon  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number			
	MEDICAL CERTIFICATION			
temale White Married	20. DATE OF DEATH 1946, at			
6.(b) Name of husband with Jacob R. Hixon  6.(c) If allve, give age 84 years  7. Birth date of deceased (mo., day, yr.) Maych 22, 1862	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 45. 19. 46. 19.			
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death OURATION			
84 6 6	Chronic Mycarc			
9. Birthplace Breeze wood BedfordCo., Penna (Town, county, and state)  10. Usuat occupation. House wife.	Oue to. Atpendence			
12. Hame Adam Karns Battenfield  13. Birthplace Bedford Co. Penna.	Other conditions			
	(Include pregnancy within 8 months of death)			
	Major findings of uperations.			
E 15. Birthplace Bedford Co., Penna.	Oate of op.			
16. Interment Mrs. Patience H. Hendershat	Autopsy results			
Address Hancock, Md. R.F.D.#1				
17. Burial cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. V10LENCE: If death was due to externat causes, fill in the following:  Accident, suicide, or homicide			
Cometery or oromotory Buck Valley Christian Churc				
Location Buck Valley Penna.	(City) or town) (County) (State)			
	Means of injury tojured at work?			
. 1	Small able			
19. 9/30/46 19 COLVELLE Registrar	23. SIGNATURE M.I.O. or other			
(Date rec'd by registrar) Registrar	11 Address Date signed			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Wolfe Williams MATTER A STATE OF THE STATE OF Commence that the second demant lavosi Mitting with the male with RECEIVED ALTH 371 15-3 OCT 1 1946 BUREAUVE DAY TO SEE THE MAN A SEC. A LINE The parties saved water or CARREST LANGER BERGER CO. CO. AND MARKET OF SALES 63 14 Tenarabast H sevental and 

you git to be proposed the family of the

2411 N. Charles St., Baltimore

CERT	IF.	IC	۸Т	F 4	OF	DE /	T	Н
~ Y ~ Y ~ Y	A A	$\mathbf{x} \mathbf{v}$		July 1		11115	7. 4	2 2

Reg. Diat. No. 30

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdance of mother)			
County Vashin				State laryland County Tasnin ton			
City or town	le city or town liv	mits, write R	URAL and give nearest town)	City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of de	eath? 16	days	***************************************	(If outside city or town limits,	, write RURAL and give ne	eareat town)	
Hospital, institution, or street Washing	et addrese where	death occurred	Tal Houles	Street No. 823 Oak Hill			
				(If rurnl, give:	LOCATION)		
	itution?L.U.s.	days		2.(a) It veteran, name war. None	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. (a) FULL NAME					3. (b) Social Security	Number	
Geod	tge K.	Hoffus	an e, married, widowed, or divorced		None		
				MEDICAL CE	RTIFICATION		
Male	White	Ma	rried	20. DATE OF DEATH Senterber 2	4 10 46	al Dw	
1	Mann	do Uo	£ £				
6.(b) Name of hueband or w	lte	Te HO	ffnan	September 15, 1946,			
W Marks data at		6.(4	e) It alive, give age	and that I fact saw h. 1. alive on			
deceased (mo., day, yr.)	Octo	ber 2	3, 1864	Immediate cause of death.			
8. AGE: Years	Monthe	Days	It lees than one day	Acute pulmonary edem			
81	11	1	hrs. min.	Myodarditis - chron	ic	indef.	
Funk				Due to			
9. Birthplace	(Town,	county, and a	itate)	Due to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1D. Usual occupation	wner,	Dry g	oods store	Due lo.	,		
11. Industry or business	Dry Go	ods		946 10	100000000000000000000000000000000000000	***************************************	
				Dither conditions Acute lober pn	eumonia bilat	eral 10 da	
12. NameJ.a.C							
			de	(Include pregnancy within 8 months of death)			
				Major fiedings of operations			
E 15. Birthplace Fu			_	Date of op.			
16. Informan George	K. Ho	ffman	Jr.	Actopsy resolts			
Address Hager	est own	Md.				statisticany.	
			Sept. 27 1946	22. VIOLENCE: If death was due to external cause			
			(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	Rose	H111	Cemetery				
		2	•••••				
			ffran	Maane of Injury	Injured at work?		
			-de-de-de-de-de-	RR1	.0.	111	
Address Hager	stown 1	a.a.	D. 116/2 100/	23. SIGNATURE	use )	<i>M</i> .	
Defet. 2	1, 1946	(S)	ay 17 Jower	M. D. or other			
(Date rec'd by registr	ar)		Registrar	Address 148 W. Wasnington	R.L. Date eigned	.31.201.40	

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF.

PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

# CERTIFICATE OF DEATH

(9345 Reg. Dist. No. 3 0 2

How long in above p	Washington	town	URAL and give nearest town)  Years	State No. 231 Jefferson				
				(If rural, give 2.(a) If veleran, name war. World W	ar 1			
3. (a) FULL N		Freder	cick Thomas Ho	3. (b) Social Security Number				
4. Sez	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CH				
Male	White	Ma	arried	20. DATE OF DEATH September	25	19.46 at	5 p	
6. (b) Name of hust 7. Birth date of deceased (mo., s	C +	6.(	Hose c) If allve, give age 50 25, 1891	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from September 25, 1946, to Sept. 25, 1946  and that I last saw h. 1m alive bn				
8. AGE:	Years Months	Days	If less than one day	Coronary occlusion		5		
	55 0	0	hrsmin					
10. Usual occupat	Engine	er	sh. Md.	Due 10.				
12. Name	William Hagersto	A. Hos	se i.	Diher conditions (Include pregnancy within 3 months of death)				
14. Malden no 15. Birthplace	Margare Near Newv	t E.Ba	ra.	Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death abould be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:				
18. Informant	rs. Olive agerstown		5e					
17 Bur:	ation, or removal, Which?	Dale fher	(month) (day) (year)	Accident, suicide, or homicide	Dale	e of		
Cemetery or cre	Rose Hagerstow	n Md	• Cemetery	Where did Injury occur?				
18. Funeral direct	Hagersto	Minn: wn Mo	La HBowers	Means of Injury  23. SIGNATURE	injured at	M.D. or ot		
(Date rec'd b	by registrar)	··· France	Registra	Address 148 W. Wawhington	St., Da	ite signed 9/.2	27/46	

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No.

County. Washing ton County. Hagers town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Washington Cunty Hospital  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State			
3.(a) FULL NAME George R. Howlett	3. (b) Social Security Number			
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   White   Widowed    6.(b) Name of husband or wife   Sarah   Howlett    7. Birth date of deceased (mo., day, yr.)   Sept. 25, 1874	MEDICAL CERTIFICATION  20. DATE OF DEATH			
8. AGE: Years Months Days If less than one day 69 11 27 hrs. min.  9. Birthplace Virginia (Town, county, and state) 10. Usual occupation.  11. Industry or business	Due to  Differ conditions.			
12. Name 13. Birthplace 19 14. Maiden name 15. Birthplace 19 16. Informant George Howlett Address 216 Summit Ave - Hagerstown, Md.	(Include pregnancy within 8 months of death)  Major findings of operations			
17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory Greenlawn Cemetery  Location Williamsport, Md.  18. Funeral director. Fred W. Kraiss  Address Hagerstown, Md.  19. Seft. 23. 18.46 Slast Bowers,	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide			



Supply every item of information carefully. The ease write the causes of death clearly and legibly

PLAINLY, WITH UNFADING is especially important. Physicia

WRITE

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /57

Dr. Porterfield

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 DIACE OF DEATH.	2 HIGHAL DESIDENCE (HOME) OF DECEASED.				
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
4 Y 6 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	state Maryland county Washington				
(if outside city of town limits, write KUKAL and give nearest town)	City or town Hagers town   (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 8 hours					
Hospital, institution, or street address where death occurred:	Street No. Wash. Cth. Hospital				
Washington County Hospital	(If rural, give LOCATION)				
How long in hospital or institution? 8 Hours	2.(α) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Thomas Edward Hume	no				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male White Single	20. DATE OF DEATH. Sept. 14.6 212:00A				
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
	Seft 14 1946 10 Seft 14 1946				
7. Birth date of deceased (mo., day, yr.) Sept. 14, 1946	and that I last saw h				
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death				
8hrsml	· Premature Infact				
9. Birthplace. Washington County Haspital	Due to.				
1D. Usual occupation					
	Due to				
11. Industry or business none					
12. Name Clarence Hume 13. Birthplace Staunton, Va.	Other conditions				
3. Birthplace Staunton, Va.	(Include pregnancy within 3 months of death)				
14. Maiden name LaRena Shaw					
14. Maiden name. LaRena Shaw. 15. Birthplace Hagerstown, Md. Clarence Hume	Major hadings of operations.				
Clampiace 1135 15 towns and the same of th	Date of op.				
16. Informant. Clarence Hume	Autopsy results				
Address Hagerstown, Md.					
Burial  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the following:				
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?				
Location Hagerstown, Md.	Injured at home, tarm, industry, public place (whore?)				
1B. Funeral director Andrew K. Coffman	Means of Injury Work Transfer at Work?				
Address Hagerstown, Ald.	23 SIGNATURE AS. Porterfield ME.				
19 Sept. 14 1046 Chast Bower	M. D. or other				
(Date sec'd by registrar) Registr	ar Address 136 W W Rakington Date signed 9/14/46				

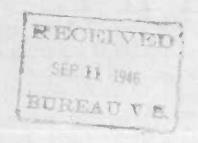
SEP 17 1946 BUREAU V.S.

2411 N. Charles St., Baltimore @2

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M. D. or other

CERTIFICATE OF DEATH Reg. Dist. No. 302 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: Washington State Maryland Calvert Hagers town
(If outside city or town limits, write RURAL and give nearest town) M1 t18.1 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 Days Hospitat, institution, or street address where death occurred: 611 Sunset Ave. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number George Ireland 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20, DATE OF DEATH Sept. 9, 19 46 24: OOA M white male married 21. I CERTIFY that death occurred on the date above stated: that I attended decessed from 6.(b) Name of husband or wife Mary Louise 2ft 7-46 19 Buff 9-46 6.(c) If alive, give age .... 3.5 years and that I last saw become alive on Like & - x C deceased (mo., day, yr.) Days If less than one day 8. AGE: Months 38 9. Birthplace Lutual Calvert Cty., Md. Farmer 10. Usual occupation..... Rarner t1. Industry or business 12 Name John Lattner Ireland 13. Birthplace Mutual, Md. (Include pregnancy within 3 months of death) 14. Maiden nam 15. Birthplace 14 Maiden name Mary Dorsey Major findings of operations..... Mutual. Md. to Informent Mrs. Mary L. Ireland PHYSICIAN: Please noderline the cause to which death should be charged statistically. Address 611 Sunset Ave. 22. VIOLENCE: If death was due to external causes, fill in the following; Burial (Burlal, cremation, or removal, Which?) Date thereof Sep t 11 (month) (day) (year Accident, suicide, or homicide...... Date of Where did injury occur? .....(City or town) Cemetery or crematory Christ Church Cemetery Injured at home, farm, Industry, public place (where?) ..... Near Mutual Md. injured at work? Masns of Injury tB. Funeral director Andrew K. Coffman Hagerstown.



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-3

# CERTIFICATE OF DEATH

County City or town Rural Reid, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  20 years  City or town Rural (If outside city or town limits, write RURAL and give nearest town)	(HOME) OF DECEASED: give residence of mother)  county Washington  Reid Maryland city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred: Hagerstown, Route 6  Street No. Hagerst	own Route #6 (If rural, give LOCATION)
How tong in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Doris M. Irving	none
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	EDICAL GERTIFICATION
Female White Single 20, DAYE DE DEATH	Jeff 29 146 al 1/ 4 11
8.(6) Name of husband or wife	rred on the date above stated; that I attended deceased from
8 A.C.F. Years Months Days It less than one day	
28 11 9 hrs. min.	many 1, 13 4/4
9. Birthplace Washington County, Maryland Due to.  10. Usual occupation Housework Due to.	
11. Industry or business At Home	
12. Name Frank Irving 13. Birthplace Beaver Creek, Maryland	
	gnancy within 3 months of death)
	Date of op.
16. Informant Mrs. Frank Irving Autopsy results	ne the cause to which death should be charged statistically.
22. VIOLENCE: If death was	due to external causes, till in the tollowing:
Cemetery or crematory. Dunkard Cemetery 9-25-46 Where did injury occur?	(City or town) (County) (State)
	ry, public place (where?)
16. Funeral director. C. M. Suter & Sons Means of Injury	injured at work?
Address Hagerstown, Maryland	20/0 M
Address Ragers Cown, Nary Hand  18 Sept. 19 19 6 Chat A Jocean Address Address Address Address Address Address Address Address	M. D. M. D. Date signed



	t age
	ine corrections
	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.
BINDING	ry item of inforthe the causes of d
FOR	ly eve write
MARGIN RESERVED FOR BINDING	INK. Suppians: please
MARGIN	UNFADING tant. Physic
T	Flw
200	E PLAINLY, is especially
9-45-15N	WRIT
VS A15	LEASE
>	<u>C</u>

CERTIFICAT	E OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH:  County Washington  City or town Hager storm  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Washington County Hospital  How long in hospital or institution?.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State laryland Couchy Washington  City or town Hage is town (If outside city or town limits, write RURAL and give nearest town)  Street No. 116 Vayside Avenue (If rurol, give LOCATION)  2.(a) It veteran, name war. None
3.(a) FULL NAME Abraham Howard Keirn	3. (b) Social Security Number None
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Male   White   Married    6.(b) Name of husband or wite Anna Keirn	MEDICAL CERTIFICATION  20. DATE OF DEATH. Septenb r 23 19 46 at 2:50 A  21. I CERTIFY that death occurred on the date above clated; that I attended deceased from Sept. 10, 1946 19 to Sept. 23, 1946
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	and that I leet eaw him alive on September 22, 1946 ts.  Immediate cause of death.  Chronic myocarditis with congestive
79 5 16hrsmin.  9. BirthplaceAl toona Blair Go. Penna.  (Fown, county, and state)  10. Usual occupation Retired farmer  11. Industry or business	failure 4yrs.  Due to.
單 12. Name Tulbot Keirn	Other condition General arterios clerosis 10 yrs eripheral vascular (arterial) disease of lower extremities months of death) 1 yr Major findings of operations.  Date of op.
Address Hagerstownd.  17. Burial (Burial, cremotion, or removal, White) (month) (day) (year)  Cemetery or crematory. The Lucarly Cemulary (Location Baltinore CO. 18.  18. Funeral director. Andrew K. Coffman	PHYSICIAN: Please underline the caose to which death should be charged statistically.  22. VIOLENCE: It death was due to external caueee, till in the tollowing:  Accident, suicide, or homicide
Address Hagerstown Maryland  (Date rec'd by registrar)  Address Hagerstown Maryland  (Date rec'd by registrar)  Registrar	23. SIGNATURE N. D. M. D. or other Address 148 W. Washington St. Date signed 9/23/46



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

# 09351

# CERTIFICATE OF DEATH

Reg. Dist. No. 3 6 2

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in above place of death?	City or town. Hagerstown  (If outside city or town limits, write RURAL and give nearest town)  Street No. 147 W. Church St.s.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Frederick Keyser	3. (b) Social Security Number
4. Sex S. Color or race S.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE DF DEATH. Sept. 17, 1946 19 2:30 P.
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years   Months   Days   If less than one day   22  hrsmin.	Diouary Occurrence / Louis
9. Birthplace	Due to
Y 13. Birthplace Page Co., Va.  Pameleann Alger  14. Malden name Pameleann Alger  15. Birthplace Page Co., Va.  16. Informant Mrs. Mattie Clingan	(Include pregnancy within 3 months of death)  Major findings ol operations.  Date of op.
Address W. Church St Hagerstown, M.  17	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: t1 death was due to external causes, fill in the following;  Accident, suicide, or homicide
Shenandoah, Va.  18. Funeral director Fred W. Kraiss  Address Hagerstown, Md.  19. Sept. 19. 19 46 - Blass Bowess,	Injured at home, farm, Industry, public place (where?)  Means of injury  Lipiured at work?  23. SIGNATURE  M. D. or Street  Address in Date signed.



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

141	1	598			2		4
大	1	Reg.	Diat.	No.	3	0	/

1. PLACE OF DEAPH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State marken county Washirton
City or town(If outside city or town lights, write RURAL and give nearest town)	P1
How long in above place of death?	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Lillian Fertre	de Kidwell 3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, wildowed, or divorced	MEDICAL, CERTIFICATION
F W Wedowed	20. DATE OF DEATH Deptember 19 1946 at 10.
Miller Tilwell	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6,(6) Name of husband er wife.	Deplemba 12 10 46, 10 Rept. 19 10 46
7. Strih date of	and that I last saw h all alive on Apple . 124 18 46.
deceased (mo., day, yr.) Cup 10/6	Immediate cause of death
8. AGE: Years Monthly Days If tess than one day	
/O Jhrsmin	
9. Birthplace / Ling	Due to.
9. Birthplace(7) wn, county, und state)	
10. Usuat occupation.	Due to
11. Industry or business	
12 Name mortine device	- Dther conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
₹ 15. Birthplace	
18. informan mo mangine Dellew	Autopsy results
Address Working . A.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1 1 0-21-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremution, or removal. Which?)  Oate thereof	Accident, suicide, or homicide
Cemetery or crematory La Thursday Carrollary	Where did injury occur?
Barrie L 2nd	taking at home form tadustry public place (where?)
Location A A A A	Means of injury Injured at work?
18. Funeral director.	A I A I
Address Brimonick. Ing.	19 (1) Jellan St. A
1 120 1 0 01 1 00	23, SIGNATURE
19, WEAR 4-0 1946 Cornelina IV. Castle (Data Recistrar) Registra	I Address Boonsto Co Date signed 8/28/46



# 2411 N. Charles St., Baltimore 83-0

CERT	CIEL	CAT	TE O	FF	FA	TH
U.P.K		L.A.I	P. U	/F L	JP.A	

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Urgalingham	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County Challenger
low long in above place of death? B. troustern Roule 2	(If outside city or town limits, write RURAL and give nearest town)
localitat incitivation or atract address where death occurred:	Street No. Bourshus Md. R.Z.
-5 year-	(If raral, give LOCATION)
low long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clyde C. Kovale	nong
1. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH September 2 4 - 18 46 at 430 A-M
S.(b) Nama of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyeara	and that I last saw h im alive on Sept 20 19 Ho
7. Birth date of deceased (mo., day, yr.) \$\int \text{LML} - 22 - 1880	
8. AGE: Yeara Months Days It less than one day	Immediate cause of death
66 3 2min.	Con bral Hemmhage 1/2 478
1 1 0 1 0 1 00	J
9. Birthplace McCA. (Town, county, and state)	Due to
10. Usual occupation Retired January	Due to
11. Industry or business Aun Farm	DUC (U.
12. Name loyd Youngle	Other conditions
2 13. Birthplace Neas, Widdletown Fred. Co. md	
14. Maiden name Emma Shanh	(Include pregnancy within 3 months of death)
15. Birtholace near Middletmin Fred. Co. md.	Major fiadings of operations.
M	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 120 GUALSTO MA. K. C	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Sumalos Censulary	Whera did injury occur? (City or town) (County) (State)
Location Burnshap Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director LUM J. Bast 4 Sory	Meana of Injury Injured at work?
Address Brouslup md.	15 Hash mid
Sud 24, 1946 Jalu H. Band	23. SIGNATURE
The state of the s	man Mand All Hall Bala algored 9-24

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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Rev. Dist.		and the	Titles.
		3/1)	2 .
Raw Dist	No		-

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Washington  City or town (if obtaide city or town imits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, inslitution, or street address where death occurred:	Street No. 13 North Potomac St.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dora Lenora Magaha  4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE DE DEATH SELF 6- 466 , 21/11/20 A. M
6.(b) Name of husband or wife Charles M. Magaha	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
7. Birth date of 7. Bir	July 1 - 56 19 10 19 19 19
7. Birth date of deceased (mo., day, yr.) Jan. 7.1880	and that last sample on
8. AGE: Years Months Days If less than one day	Immediate cause of death
o, Adu.	Chy Maverello
9. Birthplace Cumberland, Alleghany, Md.	Due to.
10. Usual occupation Housewife	Carried Sandaland
10. Usual occupation	Due to
11. Industry or business	
12. NameJohn Weibel 13. Sirthplace Cumberland, Md.	Other conditions
3. Sirthplace Cumberland, Md.	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth Schneider	
	Major fiedings of operations.
15. Birthplace Germany	Date of op.
18. Informani Mrs. Chauncey Kieffer	Antopsy results
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or Gramatory Rose Hill	Where did injury occur?
Location Hagerstown, Md.	injured at home, farm, industry, public place (where?)
18. Funeral director. C. M. Suter & Sons	Meens of Injury Injured at work?
Address / Hagerstown, Md.	23. SIGNATURE SW SLAD
18. Sept 9 1946 Chartifowers (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other
(Date red d by registrar)  Registrar	Address Date signed



VS A15

Porteyula

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
countytraslungters.	state Maryland county Washington
(If outside city or town limits, write RURAL and give nesrest town)	VON ER PREATE LINE
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
343 S Camaon Our	Street No. 3 4 3 D. Cammon Que:
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
( ) no	now.
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White Underwood	20. DATE OF DEATH Seft 29 19 44 at 6140 A M
0 21 22	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last aaw h alive on sept 28 18 44
deceased (mo., day, yr.) Deplement 4 - 1854	Immediais cause of death
8. AGE: Years Months Days If less than one day	Cardia dilitation 9/28/4/
92 0 / Shrsmin.	
9. Birthplace Land (Lown, county, and atate)	Due 1a Myrecarollis Chy
10. Usual occupation.	· Ollewall rosis
11. Industry or business AUM House	Due fo
C D P RA	But
12. Name Thilliam thrallich	Dther conditiona
	(tacked pregnancy within 3 months of death)
14. Maiden name. Elizabeth Long.  15. Birthplace Washington Co. Md.	Major findings of aperations
\$ 15. Birthplace Washington Co. Ind.	Date of op.
18. Informant Mass	Antopsy results
Address 343 S. Camon au Haglilon	22, VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal Which?)  Date Ihereof Ctalut - 1946 (month) (day) (year)	Accident, suicide, or homicide
17:11	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Taguston IVIG	Injured at home, farm, Industry, public place (where?)  Meens of Injury  Injured at work?
18. Funeral director Day J Day Devo	
Address Soonalno md;	23. SIGNATURE AND Porterfield M.D.
Selt. 30. 46 ChartBowers	23. Signature
(Date rec'd by registrar) Registrar	Address 100 W Washington Date signed 9 3

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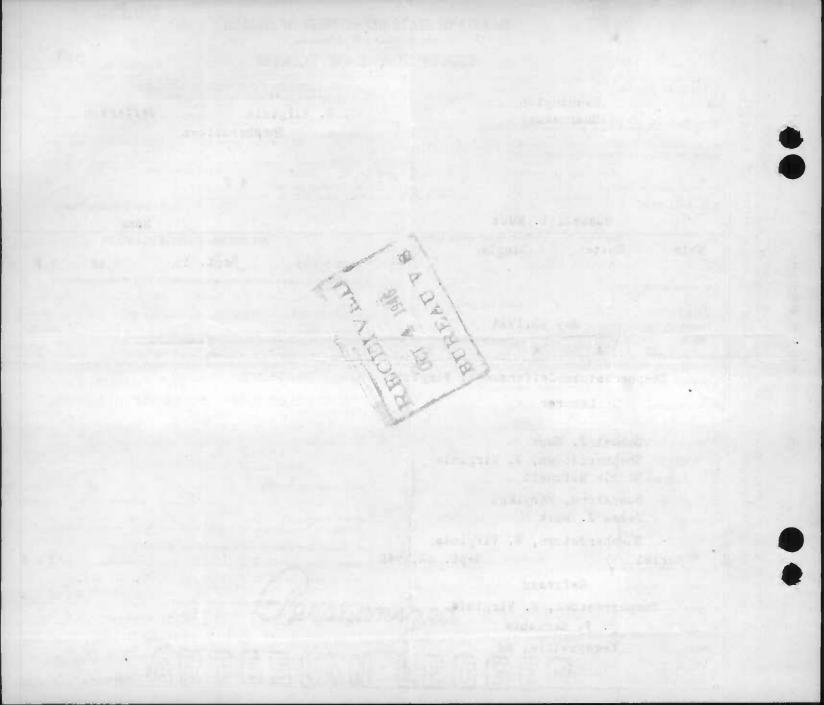
OCT -2 1946

# CERTIFICATE OF DEATH

	•			FE OF DEATH		300
			CERTIFICA		Reg. Dist. No	
Cily or town(If	Washi Sharp outside city or town in	sburg.	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence state	ounty Jefferson	
Hospital, Institution, o		death occurre	ed:	City or town. Shepherdstown (If outside city or town limits, write RURAL and give nearest town)  Street No		
				2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM	ME Russel]	L. M	uck		3. (b) Social Security 1	Number
4. Sex Male	5. Color or race White		io, married, widowed, or divorced		CERTIFICATION	
	1			20, DATE OF DEATH		
6.(b) Name of husban	d or wifo	************		21. I CERTIFY that death occurred on the date		
000460000000000000000000000000000000000		6.	(c) If alive, give ageyears	1		
7. Birth date of deceased (mo., day	yr.) Ma	v 23.1	924	and that I last saw halive on		
8. AGE: Yea	rs   Months	Days	If less than one day	Immediate cause of death		BURATE
22	4	4	hrs min.	Open fracture	cervical	************
10. Usual occupation 11. Industry or busine	Labor Samuel J. 1	rer Muck	rson-W. Yirginia	Open fracture	t humerus(cl	***************************************
14. Malden name	Shepherdat Carrie Mit Boonsboro, James J. M	chell.	and	(Include pregnancy within	*****	
16. Informant	James J. M	uck	• ***	Autopsy results		
•	Shepherdat			22. VIOLENCE: If death was due to external of Accident, suicide, or homicide R.C.C.ide	auses, fill to the following:	
	7. Burial (Burlal, cremation, or removal. Which?)  Cemetery or crematory Reformed			Where did injury occur? Sharpsbu (City or town	rg Md Wash	(State)
LocationSh	nepherdatow	n, W.	Virginia	tnjured at home, farm, Industry, public place Msens of injuratuo struck	(#IIELE1)	
18. Funeral director.	R. I. E	arnsh	W	misure of injury odd of dore	DEPUTY MEDIC	
Address	Keedys v		Edf Berger Registrar	23. SIGNATURE Robert We	WASH, CO.	MO

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VS A15



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (100-6)

# CERTIFICATE OF DEATH

09357 Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	State Maryland County Washington		
City or town. Hagerstown (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 30 years	City or town (if outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 22 Roessner Ave.		
Washington C unty Hospital	(If rural, give LOCATION)		
How tong in hospital or institution? 2 Weeks	2.(a) If veteran, name war		
3.(a) FULL NAME Anna Mary Myers	3. (b) Social Security Number 214-092 4069A		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE OF DEATH. September 9, 1946 11:15 Pm		
8.(b) Name of husband or wifeRiley E. Myers	21. I-CERTIFY that death occurred on the date above stated; that I oftended deceased from		
7. Birth date of	and that I last saw h 2 y alive on Sept 9 19.56		
deceased (mo., day, yr.) Sept. 5, 1880	Impedia cause of death Duration  The way from - Renal Vain 5 12 day		
8. AGE: Years   Months   Days   It less than one day   66   0   4   hre min	Thrombais - Renal Clans 12 Clay		
00 U 4hrsmin.			
S. Birthplace Franklin County Penna (Town, county, and state)  10. Usual occupation Home duties	Ethernbr phating - Common Sive Vains 5 Wts.  Due to and Valua Cava.		
11. Industry or business			
E 12 Name Joseph Ira Whitmere 13. Birthplace Pemma.	Other conditions		
2 13. Birthplace Pemma	(Include pregnancy within 3 months of death)		
14. Maiden name Lina Ditto  15. Birthplace Penna.	Major findings of operations		
2 15. Birthplace Penna.	Date of op.		
16 Interment Riley E. Myers	Actopsy results		
Address 22 Roessner Ave. Hagerstown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. Burial Date thereof Sept 13. 194 (month) (day) (year)			
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?		
Location Hagerstown, Md.	Injured at home, tarm, industry public place (where?)		
	Means of Injury / Injured at work?		
16. Funeral director. Fred W. Kraiss  Address Hagerstown, Md.	His it had an		
Address 1:2 gets cowit; Aid 1	23. SIGNATURE They & Mollina med		
19. Setta 12 19 46 Charty Jowes 4 (Date rec(d)by registrar) Registrar	Address /59W. Washington St Date signed 9/10/46		



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-2

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PEDTER	ICI	A PERSONAL PROPERTY AND ADDRESS OF THE PARTY A	OF	DE	A	777

		CERTIFICA	IE OF DEATH Reg. Dist. No	
City or town	Washington  Hagerstown If outside city or town limi lace of dealh?  or street address where dea	ts, write RURAL and give nearest town) ath occurred:	State No. County	reat town)
3.(a) FULL NAME Harry G. Nail			3. (b) Social Security ! 213-10-813	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH Sept. 17, 1946 18.8.3	Q A .
7. Birth date of deceased (mo., da 8. AGE:	ay, yr.) May 28	Days It less than one day	and that I last saw allow on	17 19/99
	58   3 Hagerstown	20 hrs. mis Wash.co. Md.		5yrs
11. Industry or busi		7	Due to acute coronary occlusion	4
13. Birthplace	Hagerstov Betty E. Hagersto		(Include pregnancy within 3 months of death)  Major findings of operations  Date of op.	

Hagerstown. Address

17. Burial (Burial, eremation, or removal. Which?) Date thereol Sept 20 1946 (month) (day) (year) Haven Cemetery

Hagerstown, Matyland

Fred W. Kraiss 18. Funeral director ...

Hagerstown, Maryland. Address

(Date ree'd by registrar)

23. SIGNATURE.

Means of Injury

Accident, suicide, or homicide Where did injury occur? ......

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to wie nat causes, till in the tollowing:

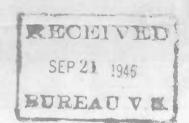
Injured at home, farm, Industry, public place (where?) .....

(City or town)

(County)

Injured at work?

(State)



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

How long in above pla Hospital, institution, 19 Nort	Wash erstown. countied eity or town li ce of death? Li or street address where of h Mulberr	mits, write Refeath occurred	URAL and give nearest town)	1	County Wn wn limits. ulbel	with RUBAL and sive rry Street	
	or institution?			2.(a) If veteran, name war			
3. (a) FULL NAM		H. Ni	ehols, Jr.			3. (b) Social Securi 212 -14-6	
Male	5. Color or race White		e. married, widowed, or divorced .rried			RTIFICATION	14
7. Birth date of		6.(0	chols  Halive, give age 40 years	20. DATE OF DEATH	date above	e stated; that I attended d	eceased from
deceased (mo., day 8. AGE: Yea		Days	it less than one day	Immediate caose of death			
54	5	15	hrsmin.	Cours	Lise		6 mg
10. Usual occupation	Salesmar Salesmar Soca Col ohn H. Nic Hagerstown	la Con	npany	Oue to	GAS.		
14. Maiden nam	Mary E. Hagerstov	m, Ma	rd aryland Nichols, Jr.	(Include pregnancy Major findings of operations		Bate of op	
17 Buria. (Burial, crematic	on, or removal. Which?) Alory Rest H agerstown	Date there aven . Mar	9-4-46 (month) (day) (year) Cemetery yland	22. VIOLENCE: It death was due to exact the state of the	or towe)	(County)	(State)
18. Funeral director	C. M. Su agerstown B - 1946	ter &	Sons	Means of injury	W.S.	Injured at work?	Door other



FOR BINDING

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# A15 VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (723)

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Washington	(For newborn infants give residence of mother) District of dolumbia
City or fown Rural Hagers town (tf outside city or town limits, write RURAL and give nearest town	State
(tf outside city or town limits, write RURAL and give nearest town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. National Airport
Middleburg Pike	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war. World War II
3. (a) FULL NAME	3. (b) Social Security Number
George Wesley Orange Captain AC	
4. Sex 5. Color or race 6.(a) Singly, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Sept- 27 46 35:221
6.(b) Name of husband or wife Evelyn	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
6.(c) if alive, give age 25	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than ons day	Immediate cause of death
27 6 23hrs.	min Pulmonary Hemorrhage
9. Birthplace Hagerstown Washington Co. Ld	
10. Usual occupation Captain Air Corps	
11. industry or business Regular Army	Due to
	Dther conditions hemorrhage & shock
12. Name William A. Orange 13. Birthplace Amelia Va.	
	(Include pregnancy within 3 months of death)
14. Malden name Jemina L. Wallace 15. Birthplace Hagerstown Md. William A. Orange	Major findings of operations
El 15. Birthplace ne gers town Mo.	Date of op.
16. Informant William A. Orange	Autopsy results
Address Cavetown Ld.	and the second s
Burial 9/30/46  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
	Hagerstown Wash. Md.
Cemetery or crematory. Rest Haven Cemetery	(City of town) (County) (State)
Location Hagerstown Md	Injured at home, farm, Industry, public place (where?) Parm 4 mi. N or
18. Funeral director Andrew K. Coffnan	Msens of Injury Plane crash Injured at work? No City DEPUTY MEDICAL EXAM.
Address Hagers town Md.	23. SIGNATURE VI TOKES WELLS WASH. CO., MD.
19. Sept. 30, 19 46 Phaset Bocus	Hagerstown, Md. M.D. or 7/28/466

PRECISIVED OCT 2 1946 RESPATIVE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore ///-0)

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

09362

City or fown. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Streef No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME John Mastin.	Phetteplace 215-07-9417
4. Sex 5. Color of face 6.(a) Single, married, widowed, or divorced  Make Thick Theoretical State of husband or wife Allia Theoretical State of husband or wife Allia State of husband or wife State	MEDICAL CERTIFICATION  20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  4. 22	Immediate cause of death  Duration  Due to Mark Land Land Land Land Land Land Land Land
10. Usual uccupation To Management Management of the Industry or business Victor for file of the State of the	Due to Calendar Sacras 10 mg.  Diher conditions
14. Maiden name Gabelle Masters  15. Birthplace Hamme Gabelle Masters  16. Informant Mas Society Hamme	(Include pregnancy within 5 months of death)  Major findings of operations
Address  Address  Address  Date thereof (month) (day) (year)  Cemetery or crematory (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
to. Funeral director Market Ma	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?
19. Soft 30 1846 Isas It teaguson (Dato rec'd by registrar)	23. SIGNATURE.  M. D. or other  Address Of M. D. or other

HTARE TO READ TO TRACE

RECTS 1946
OCT 9 1946
RECEEDED TO

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9-4)

# CERTIFICATE OF DEATH

130	1	Reg. Dist. No. 3502
1.	1	Reg. Dist. No. 20

ed.	CERTIFICAT	E OF DEATH	2-
or information should carefully be supplied see of death clearly and legibly.	County Co	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  City or town (If outside city of town limits, write RURAL NEAR and give town)  Street No. 70 F Jy VIIV  (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	
on si	Mirrie A Quail	3.(b) Social Security Number	
formati death	4. Sex   5. Color or race   8.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH 15 5 46 19 46 19 46	2 #
cau	6 (b) Name of husband or wife Herkert V Quail  6 (c) If alive, give ege years  7. Birth date of V Q + 7.2	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  15 Feb. 19 4.  and that I last saw hely alive on 15 Sept. 19 4.	6
Every write tl	8. AGE: Years Months Days If less than one day  72 // / 5hrsmin.	Immediate cause of death Generalized Arterio scleresis about i with my ocumular Facture	ogs.
UNFADING INK.	10. Usual occupation Houseuns 11. Industry or business 11. Industry or business	Due to	
Physic	12. Name Daviel M. Wolkelm 13. Birthplace Black Rock Balto, Co., Md	Dther conditions	
, WITH U	14. Malden name Charlotte Bosson  15. Birthplace Baltynore Co. Md.	(Include pregnancy within 8 months of death)  Major findings:  Of operations Please unthe cause to death should	nderline to which
PLAINLY, especially ir	Address Hagerstown Md.  17. Burch Date thereof Sept. 18, 1946	Df autopsy charged sta cally.  22. VIOLENCE: If death was due to external causes, fill in the following;	IISII•
(J. 23	(Burial, cremation, or moval. Which?)  Cemetery or crematory A buried Ridge Complete Location	Accident, suicide, or homicide Oate of Oate of   Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)	
ASE WRITI correct age	1B. Funeral director_EdwardC. Jepton. Address HawardCad, Md.	Means of Injury Injured at work?	
PLEASE con	19. Sept. 16. 1946 Blass Bowers, Registrar	23. SIGNATURE M. D. or other Address 2 3 0 N P of 0 m ay Date signed 1 8 9 1	46



# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

09364 Reg. Dist. No. 144 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State MA County Frederich
City or town	
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Oline almerte	3. (b) Social Security Number
4. Sex 5. Color or race 6.(d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ manya	2D. DATE DF DEATH 28 19 46, at 6 20 A M
6.(b) Name of husband or wife. Athan Z. Kechen	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from Sept. 12, 1946
7. Birth dale of 7. Bir	and thet I last saw h er alive on September 18, 1946
deceased (mo., day, yr.)  R A.G.F. Years Months Days I fless than one day	Immediate cause of death
74 7 /	Cerebral Hemorrhage 2 months
The state of the s	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation.	Due to
11. Industry or business	
E 12. Name	Dither conditions Chronic nephritis 3 yrs
13. Biripplace for feld treats, en 179	Chronic myocarditis with cong. failure 3 yrs.
14. Maiden names Nantha Males	Major findings of operations.
2 15. Birthplace In file of treats as My	Date of op.
16. Informani Mrs ambro Skott	Autopsy results.
B. 1 211 211 2 ml	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address And Detro J. N. d. 114	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or empval, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory 1, 5, Celm,	Where did injury occur?
Location Shurmont Ma	Injured at home, farm, Industry, public place (where?)
m & for a sea dia	Means of injury Injured at work?
1B. Funeral director	12811
Address Municipal SPA	23. SIGNATURE M. D. Frother
19. Sept. 2 1946 Blangha S. Eflex (Datoree'd by registrar) John H. Bank Registrar	Address 148 W. Washington St. Hageratewa 9/20/46



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Roy, Dist. No. 3 03

1. PLACE, OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RUKAL and give nearest town)	State of the State
How tong in above place of death?	(If outside city or town fimits, write RURAL and give nearest town)
	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
0-0-00	nner Mone
4. Sex 5. Color or race 6.(a)Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Midowed	20. DATE OF DEATH. Sept. 30 19.46 of 136 PM
6.(6) Name of the band or wife. 13 as brian Renner	21. I CERTIFY that death occurred on the date above stated; that tratended deceased from
7. Birth date of	19.40 to the 19.46
deceased (mo., day, yr.) July 4 - 1853	and that last saw harmalive on 19. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	P. D. J.A.
93 2 26min.	Chr. 1/140 cardial & yra
9. Birthplace Mashington (Towys county, and atnic)	Due to Allewore
10. Usual occupation . Sendalle	
11. Industry or business Self Employed.	Due to Circle of Circo of to gro
E 12. Name. John Result	Other cooditions
2 13. Birtholice Washington Co.	(Include pregnangs within 3 months of death)
14. Maiden name Matilda Wishard	Major findings of operations.
15. Birthplace Washington Co	Date of op.
16. Interment Mrs. John Golle	Antopsy results
Address Clear Shring Rural 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which)  Date thereof (month) (day) (years)	Accident, suicide, or homicide
Cemetery as cromatory	Where did injury occur?
Location Alan Clare States of Many	Injured at home, farm, Industry, pu@lic place (where?)
18. Funeral director Suydun Kowlond	Means of Injury Injured at work?
Address Clear Spring md	23. SIGNATURE David VI, Brewer M. D.
100 & 10 y Lewy M. Table	M. D. or other
(Date rec'd by registrar) Registrar	Address Company   Market signed   Solution

Zee Bejante RECEIVER OCT. 9 1946 BUREAU V F. LANGE TO LANGE TO THE PARTY OF Leave Peter of here & Told

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

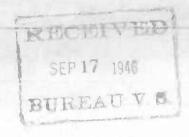
Dr. Wells

# CERTIFICATE OF DEATH

Reg. Dist. No. 302.

	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -				
1. PLACE OF DEATH:  County Mashington  City or town Hagerstown, Maryland  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  221 E. Baltimore St.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State				
3. (a) FULL NAME	3. (b) Social Security Number				
Mrs. Susan Werst Renner	None				
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
fenale white widow	20. DATE DF DEATH	OOP			
6.(b) Name of husband or wife Charles E. Renner  6.(c) If alive, give age years  T. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from  19.3.7., to	1946			
deceased (mo., day, yr.)  August 13,1866  RACE. Years   Months   Days   If less than one day	Immediate cause of death	RATION			
8. AGE: Years Months Days If less than ooe day  17hrsmin.	Vascular hypertension 15	Vra.			
00	Vascular Hyper Cension 10	7 10 -			
9. Birthplace	cerebbal hemorrhage 9				
15. 5388. 55385.	hypostatic pneumonia 3 d	•••••			
11. Industry or business none	V. A.				
	Dther conditions				
	(Include pregnancy within 3 months of death)				
14. Maiden name Rachel Hefflefinger  15. Birthplace Newville, Pa.	Major findings of operations				
	Date of op				
16. Informant Mrs. E. R. Smith	Actorsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistical				
Address 221 E. Baltimore St.	22. VIOLENCE: If death was due-to-enfernal causes, fill in the following:	.,.			
17 Burial Burial (Burial, eremation, or removal, Which?)  (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide				
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?				
Location Hagerstown, Md.	Injured at home, farm, Industry, public place (where?)				
18. Funeral director Andrew K. Coffman	Means of Injury Injured at work?				
Address Hagerstown, Md.	& Kohus Wells Mid				
19. Seft 10 19.46 Phosphowers Registrar	Address Bate signed Bate signed	146			





## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

09368

How long in above place Hospital, institution, o	Was carstown outside city or town of death?	Maryland imits, write RUKAL and give nearest town)  fe death occurred:  y Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Maryland. County. Washington  City or town. Hagerstown  (If outside city or town limits, write RURAL and give nearest towe)  Street No. 623 Frederick Street  (If rural, give LOCATION)  2.(a) If veleran, name war.
3. (a) FULL NAM	E	trude Mae Kinger	3. (b) Social Security Number None
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION  20, DATE OF DEATH
	Tuna	iser Ringer  6.(c) If allve, give ageyears 2, 1882	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from 2, 10, 39, to 2, 15, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
8. AGE: Year 64	2	Days It less than one day 25 hrs	Improdute cause of death Appene Van 3 cuel
9. Birthplace	Hous	, Wash. Co. Md.	Due to
11. Industry or busine	sederick Hagersto	wn. Maryland	Differ conditions.
14. Malden name	Susan J Hagersto	ohnson wn, Maryland	(include pregnancy within 8 months of death)  Major findings of operations
		inger Maryland	Actopsy results
Cemetery or cremat	agerstown	ill Cemetery , Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Seht 9		Maryland  Lies House Registra	Meens of Injury  Injured at work?  23. SIGNATURE  M. D. or other signed 9.1.7.14.5.



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-L

# CERTIFICATE OF DEATH

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			State Maryland County Washington			
City or town						
How long in above place	ot death? 69 Y	ears	City or town. Haserstown (If outside city or town limits	, write RURAL and give n	earest town)	
	street address where de	eath occurred:	Street No. Security Road			
56	ecurity		(If rural, give	LOCATION)		
How long in hospital or	Institution?	······································	2.(a) It veteran, name war	••••••		
3. (a) FULL NAME				3. (b) Social Security	Number	
CHA	ARLES EDG	AR ROWE		176-07-8	598A	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White	larried	20. DATE OF DEATH Sept. 30.	194.6	4: 1.CA M	
6.(b) Name of husband	or wite Jenni	e F. Rowe	21. I CERTIFY that death occurred on the data abo	ive stated; that I attended dec	eased trom	
			5/3 19.	46, 10	7 - 19 - 19	
7 Brath date at			and that I last saw h		1/29 19 46	
	Dec. 3,		Immediate cause of death			
8. AGE: Years	Months	27	deute corouany occ	luscous	12 tags.	
		hrs. min.	9	***************************************	****	
a Rirthalaca Ha	rerstown	Washington Co. Md.	Due to autorios charati steast Tois cook - 7 mo			
9. Dilitiplace	(Town, c	ounty, and state)			(Symptowatio	
10. Usual occupation	Engineer		Que to			
11. Industry or busines	Station	arv	500 10			
		w.e.	Other conditions			
	Ringold					
that I was a second or a secon			(Include pregnancy within 3 r	montha of death)		
E 14. Maiden name.		Wice.	Major findings of operations	***************************************		
E 15. Birthplace	iagerstow	vice n laryland		Date of op		
		F. Rowe	Aotopsy results			
	surity M		PHYStCIAN: Please noderline the cause to wi	hich death should be charge	d statistically.	
			22. VIOLENCE: If death was due to external cau			
(Burial, cremation	or removal, Which?)	Date thereot. Oct. 2, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of		
		ill Cemetery	Where did injury occur?(City or town)	(County)	(State)	
			Injured at home, tarm, Industry, public place (w			
1B. Funeral director	Andrew K	. Cofînan	Misses of Injury	Injured at work?		
Address Ha	erstown .	aryland /	23. SIGNATURE. John It Ho.	mlenkye ho.	D.	
Det	7 111	L'ESHBAUDED!				
19(Date rec'd by re	( 1946 gistrar)	Registrar	Address 154 W. Washing	tous J4 - Date signer	9-30-46	
				74		



WRITE

PLEASE

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

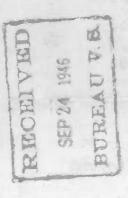
2411 N. Charles St., Baltimore 940

# 09370

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انك				20	2.
The last	Reg.	Dist.	No	. 2/	

1. PLACE OF PEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Washington  City or town Hagerstown (If outside city or town limits, write RURAL and give neerest town)  Street No. 1021 Potomac Avenue  (If rural, give LOCATION)  2.(a) If veteran, name war.		
3.(a) FULL NAME Peter N. Samios	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced			
Male White Married	MEDICAL CERTIFICATION Sept/20 1946, 4,304		
8.(b) Name of husband or wife Maria Samios  S.(c) If alive, give age years  7. Birth date of 9999	21. I CERTIFY that death occurred on the date above stated: that I ettended decessed from  19		
7. Birth date of deceased (mo., day, yr.) Sept. 17, 1893	and that I last saw h		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
53 0 3hrsmin.	acute coronary occlusion 30mim		
8. Birthplace Kythera, Greece (Town, county, and atate)  10. Usual occupation. Restaurant Proprietor  11. Industry or business Keystone Restaurant    12. Name	Due 10		
13. Birthplace Kythera, Greece	(Include pregnancy within 3 months of death)		
Stamatina Kyprioti  14. Maiden name Stamatina Kyprioti  15. Birthplace Kythera, Greece  18. Informant Mrs. Peter N. Samios	Major findings of operations.  Date of op.		
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof 9-22-46 (Burial, cremetion, or removal, Which?) Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: If death was due to extrapl causes, fill in the following;  Accident, suicide, or homicide		
Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director. C. M. Suter & Sons	Meens of Injury  Injured 21 work?  DEPUTY MEDICAL EXAM		
Address Hagerstown, Maryland	13. SIGNALITIES (Asherd Wells WASH. CO., MB.		
19 Sefet 22 19 46 Beach Bower (Datefree'd by registror) Registror	Add Sleve town Ind. Date signed 121/34		



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98-d

# CERTIFICATE OF DEATH

Reg. Diet. No. 301

09371

1. PLACE OF D	EATH: Washingto	n		2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County	Hagersto	ייי אייי. דע או		State Maryland County Washington  City or town Hagerstown		
City or town(If	outside city or town lin	its, write I	URAL and give nearest town)	City or town Hagerstown		•••••
Hospital, Institution,	ce of death?	eath occurre		City or town	, write RURAL and give nearest	t town)
237 51	uters Aven	ue	••••••••••••••	(If rurai, give		
How long in hospital	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	ME	J	ohn B. Shatzer		3. (b) Social Security Num None	mber
4. Sex	5. Color or race		s, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	1	Widowed	20. DATE OF DEATH Sept. 17,	1946 , 11:2	25 P. M
6 (h) Name of hughen	Emma	Sha	tzer	21. I CENTIFY that death occurred on the data abo	va stated: that if aftended daceased	from
			c) It alian give age waser	and that I lead saw h. 1922 alive on	CG 10 Jeft //	19/6
7. Birth dato of dacsased (mo., day	May 6,	1864	c) It alivo, give ageyears		The state of the s	
8. AGE: Ysa	ers   Months	Days	if less than ona day	Jamediaia cause of death	nt tracere	6 Tuo.
06	2 4	11	hrsmln.	Charic has sandoto		6 ms.
9. Birthplece	Labore	O.a., ounty, and T	otate)	Due te		
12. Name	Unlenous	. •	Shatzer	Other conditions		
	Unknown			(Include pregnancy within 8 r		
t4. Maldan nam	Penn	•		Major findings of operations.		
t8. Interment	rs. Ethe	l M. Ave	Boward Hagerstown, M	Antepsy results	hich death should he charged stat	
t7. Bur (Burtai, crematic	rial	Data the	eetSept19.m46		Date of	
Cemetary or crams	ntoryBelle	vue(	Cemetery	Whera did injury occur?(City or town)	(County) (S	Steta)
Location	Hagerstown	, Md	1	injured at home, farm, industry, public piece (w	hare?)	************************
11			.55	Meens of Injury	Injurad et werk?	
Address	Hagersto			Thele All	Villena MAN	
Sefet,	23.46	169	ast Bowers Registrar	23. SIGNATURE JU Woshing!	M. D. or o	1.0/1//

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SEP 25 1945

BUREAU V. S.

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					shown			,

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimoro 940

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(		Q)	()	6	4

RE EF	No.	т	0	7	01	CT	7	1946
RE DATE	INU.			6	U	0 1		70.0

# CERTIFICATE OF DEATH

A.				2	A	9
4	Rog.	Dist.	No.		0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)			
County Washington County	State Wary land county Washington			
City or town. Hagers town Md. (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 48 Hrs.	City or town Williamsport Md. (If outside city or town limits, write RURAL and give nearest town)			
Hospital Institution, or street address where death occurred:	Street No. Fenton Ave. Williamsport, Md			
Washington County Hospital	(If rurai, give LOCATION)			
How long in hospital or institution?	2.(a) If veteran, name war. None			
3. (a) FULL NAME	3. (b) Social Security Number			
Mrs. Lydia Mae Miller Shawyer	None			
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION			
Female White	20. DATE OF DEATH. Left 107 1946, 22:304 M			
6.(b) Name of huaband or wife	21. I DERTIFY that death occurred on the date above stated; that f attended deceased from			
decessed	Gel 17, 1954 10 Seft 17 19 49			
7. Birth dafa of	and that I last saw had alive on 19 7			
deceased (mo., day, yr.) Sept. 19 1875	Impediate cause of death			
8. AGE: Yeara Months Days If less than one day				
41 69 ?70 11 2hrsmin.	Down Colesion Hars			
Williamsport Md.	Que to.			
9. Birthplace Williamsport, Md. (Town, county, and state)				
1D. Usual occupation. Housewife.				
11. Industry or business Home	Dua fo			
f1, industry or business				
12. Name James J. Miller 13. Birthplace Smithburg Md.	Other conditions			
13. Birthplace Smithburg Md.	(Include pregnancy within 8 months of death)			
14. Malden name Laura Crilley				
lai!	Major fiadings of operations			
15. Birthplace Hagerstown Md RFD	Date of op.			
16. Informant M2. Clyde Miller (son)	Autopoy results.			
Address 37 Salisbury St. Williamsport.	PHYSICIAN: Please underline the cause to which death should be charged atatistically.			
	VIOLENCE: If death was due to external causes, fill in the following;			
Burial Bate fhereof Sept. 19 194  (Burlai, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Riverview Cemetery	Whers did injury occur?			
Location Williamsport, Md.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Edith V. Leaf	Meana of Injury Injured at work?			
An Chumah St Williams lat Md.	& h Opt Fifther was			
Address #7 Offuren St. Williamspirt, Mus	23, SIGNATURE M. D. OCOMPANY			
19. Sept, 18. 19 to phasyphowers				
(Date rec'd by registrar) Registrar	dellocal li Cliffor Child Date signed / DA The			



2411 N. Charles St., Baltimore 932

### CERTIFICATE OF DEATH

143 13		>	-
100	Reg. Dist.	No	02

			CERTIFICA	Reg. Diat. No.		
1. PLACE OF DEATH: County Washington City or town Hagerstown			,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
City or town		<u> </u>	City or town Chambersburg R D 6 (if outside city or town limits, write RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)			
How long in hospital or			5 - Mar - 10 - Nation aller	2,(a) It veteran, name wer		
3. (a) FULL NAM	E	Susan S	Shupp	3. (b) Social Security Number None		
4. Sex	5. Color or rece	6.(a)Single, m	arried, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Mar	ried	20. DATE OF DEATH Sept. 19, 1946 7:55 A. M.		
B.(b) Neme of husbend				21. I CERTIFY that deeth occurred on the date above stated; that I attended decessed from		
7. Birth date of deceased (mo., day, )	Jan.	28, 18	alive, give egeyeers 382	Immediais cause of death		
8. AGE: Years	4 Months	22	It less then one deyhrsmin.	Jangrese of left leg 1 wh		
9. Birthplace				Due to Esmbolism populital arting 1 wh		
	Home	Duties	<u> </u>	Due to amigular fibrillation Arterio-Schotic heart disease		
13. Birthplece	amuel Pa: anklin Co			Bther conditions.  (Include pregnancy within 3 months of death)		
t5. Birthplace	Franklin	Co., F	a •	Major findings of operations. Ampertation left leg above  Major findings of operations. Date of op. Sept 17, 1946		
	Mr. Hirar			Autopsy results		
Buri (Burial, cremation	ambersbu: al or removal. Which?)	Date thereot	Sept. 22-46 (month) (day) (year)	22. VIOLENCE: It deeth was due to external causes, till in the tollowing; Accident, suicide, or homicide		
				Where did injury occur?		
Location Cearfoss, Md.  18. Funeral director Fred W. Kraiss				Means of Injury Injured at work?		
19. (Date rec'd by re	Hagerston	- 6/6	est Bower	23. SIGNATURE of Stauffer U.D. M. D. og other Address Hagerstown Md Dete signed Left 19, 1946		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

A15 SA WRITE

PLEASE



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



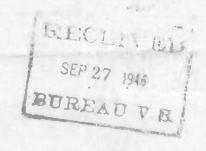
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# CERTIFICATE OF DEATH

				-0	4	3
1		Dist.		4	0	$\prec$
	Reg.	Dist.	No.	<b>S</b>	Ų.	

1. PLACE OF DEATH:  County		state Maryland Big Po	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Mashington City or town Big Pool, Rural (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, o	or street address where	death occurred:	Street No	rural, give LOCATION)		
New long in hospital	or Institution?	***************************************		2.(a) if veteran, name war		
3. (a) FULL NAM				3. (b) Social Security Number		
0. (4)		Abner Jackson	Smith	None		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDI	ICAL CERTIFICATION		
Male	White	Single		iber 23 19 46 et 11;30P		
6.(b) Name of husban 7. Birth date of deceased (mo., day	or wife		21. I CERTIFY that death occurred on	1 the date above stated; that sattended deceased from 1 19 46 to 19 7 2 4 19 4 6		
8. AGE: Yea		Days I if less than one day	min. Coule	Carchac 2 day		
10. Usual occupation  11. Industry or busine	n Farm La	e Va. county, and state) aborer mith o. Va.	Due to My o Ca	cy within 3 months of death)		
14. Malden name Evalin Davis 15. Birthplace Madison Co. Va.			Major findings of operations			
16. Informant Edward Smith		Antanay results	Canse to which death should be charged statistically.			
Buria crematic	Big Pool.  1 ion, or removal. Which? Shank	0	Accident, suicide, or homicide	o external causes, fill in the following:  Date of		
Location Near Big Pool, Md.			injured at home, farm, Industry, publi	olic place (where?)		
	Clearspri	meble w. Mu	23. SIGNATUR David Registrar Address Clear &	Spring Moto Signed 9/24/4		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIX 9-45-1



# MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore III-a

	0.	9	3	70	_	, _	
Reg.	Dis	t.	No.	5	4	<u> </u>	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	1 20
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
S. mai St.	Street No. S. Mau S. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Boulal Cathanina S-	nith. noue,
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale White Widowal	20. DATE DE DEATH Sopolianber 27 1946 at 3 As M
6.(6) Name of husband or wife Edward Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dent 23 1846 10 Dens. 17 1946
7. Birth date of deceased (mo. day, yr.) Manal 2 (9 - 1886)	and that Plast saw her alive on Dept. 27 19 46
deceased (mo., day, yr.) March 29 - 1876  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
50 6 7 1hrsmin.	PIGLI
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wilmoray morus
9. Birthpiace (Town, county, and atate)	Que to. Patalla Anna 8
tD. Usual occupation Atomackenson	Due to
t1. Industry or business A Saura Strange	DUE 10.
E 12. Namo Charles Cline  13. Birthpiace Church Hill Fred. Co. Md.	Dither conditions
14. Maiden name. Crima Brandenburg	(Include pregnancy within 3 months of death)
15. Birthplace New Middleton Fred, Co, md.	Major findings of operations.  Date of op.
16. Informant MAS, Paul May	Antopsy results.
Address Branslow Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Q 1 5 5 6 6 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory 15 00 00 00 00 00 000 000 000 000 000 0	Where did injury occur? (City or town) (County) (State)
Location 10 vous low md-	Injured at home, farm, industry, public place (where?)
18. Funeral director. TIM -) - Bast 4 Sons	Misans of Injury Injured at work?
Address Propagnas Md.	GIIIIII AND
S I B S V	23. SIGNATURE M. D. or other
(Dutd rec'd by registrar)	Address Bounslows Date signed Ag 128, 46



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 93-

# CERTIFICATE OF DEATH

(1937) Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington County	as a a management and
City or town. 111est Side Ave Hagerstown M	City or town Hagerstown Laryland (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
111 West Side Ave. Hagerstown Md.	Street No. 111 West Side Ave.
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Mr. Frank Leroy Smith	3. (b) Social Security Number 214-09-5117
4. Sox 5. Color or raco 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 3 September 19.46 of 1:30 Pm
6.(b) Name of husband or wife Lelia Smith	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of Page 15.4 years	7 June 19.46 , to 3 September 19.46
7. Birth date of	and that I last saw h im allve on 3 September 19 46
deceased (mo., day, yr.) DeC. 22 1888	Immediate cause of death Arterio-sclerotic DURATION
o. Ada.	cardio-vascular disease with Lufur
57 57 8 12nis.	myocardiol failure.
9. Birthplace Amithburg Id. (Town, county, and state)	Due to
10. Usual occupation Leather Cutter	Bucks
11. Industry or business Shoe & Legging Co.	000 to
E 12. Name Thomas Smith	Other conditions.
12. 13. Birthplaco Smithburg Md.	
El 13. Birinpiaco	(Include pregnancy within 3 months of death)
E 14. Malden name Flora Reynolds	Major findings of operations none
15. Birthplace Smithburg Laryland	Date of op.
14. Malden name. Flora keynolds 15. Birthplace Smithburg Karyland 16. Informant. Lelia Smith	Actory results none
10. In10(mdit)	PHYStCIAN: Please moderline the cause to which death should be charged statistically.
Address 111 West Side Ave. Hagerstown	22. VIOLENCE: If doath was due to external causes, fill in the following:
17. Burial Sept. 6. 1946 (Burial, cremation, or removal. Which?)  Date thereof Sept. 6. 1946 (month) (day) (year)	Accident, suicide, or homicide
cemetery or cromatory Mt. View Cemetery	Where did injury occur?
Location Sharpsburg Maryland	Injured at home, farm, industry, public place (where?)
16. Funoral director Edith V. Leaf	Meens of Injury Injured at work?
Address #7 Church St. Williamsport, Md.	23. SIGNATURE TO THE TOTAL M. D.
19. Sept 5, 19 4 b blass Howers, Registrar	F.F. Lushy M. D.
	Hagerstown, Md.



MARGIN RESERVED FOR BINDING

VS A15

Dr. Course

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County (Maliner, 100)	mand the
(If our side city or town limits, write RURAL and give nearest town)	ALM STATE OF THE S
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1031 Corlett St.
1031 Carlett St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ward Crusy She	L Nono
4. Sax 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH September 7 - 19.46 at 2:30 P. N
B.(b) Name of husband or wife Clara Eller Baker	21. I CERTIFY that death occurred on the dats above stated: that Lattended deceased from
6.(c) If alive, give ageyears	10H4 10 Sept 8 10HB
7. Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) 2 2 2 3 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Immediate cause of death
8. AGE:	
	Car Myriantes 5 700
9. Birthplace Sharkstrug (Town, county, and state)	Due to
10. Usual occupation Stone Mason	
11. Industry or business (Rutined)	Due to
	Billion and Hillians
12. Name acob Stine  13. Birtholaco (Mash, Cp. Md)	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Marry Greenauralt  15. Birthplace Clothali Co. Md.	Major findings of operations
\$ 15. Birthplace Thrish: Co. Md.	Date of op.
16. Informant Mas Yussell Charald	Autopsy results
Address 1031 Carbett St. Hagartown Md.	
17 (Surial Date thereof Settember 10.194	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Charache Little Caraller Charles	Where did injury occur?
Location Deans Crak md:	Injured at home, farm, Industry, public place (where?)
18. Funeral director TOTH 3. Bast of Sous	Means of Injury Injured at work?
Address Doorstone Mid.	Course Mobert M. Corunad up D
19 Sept. 9. 19 46 Bleast Bowers	23. SIGNATURE M.D. or other  M.D. or other  M.D. or other

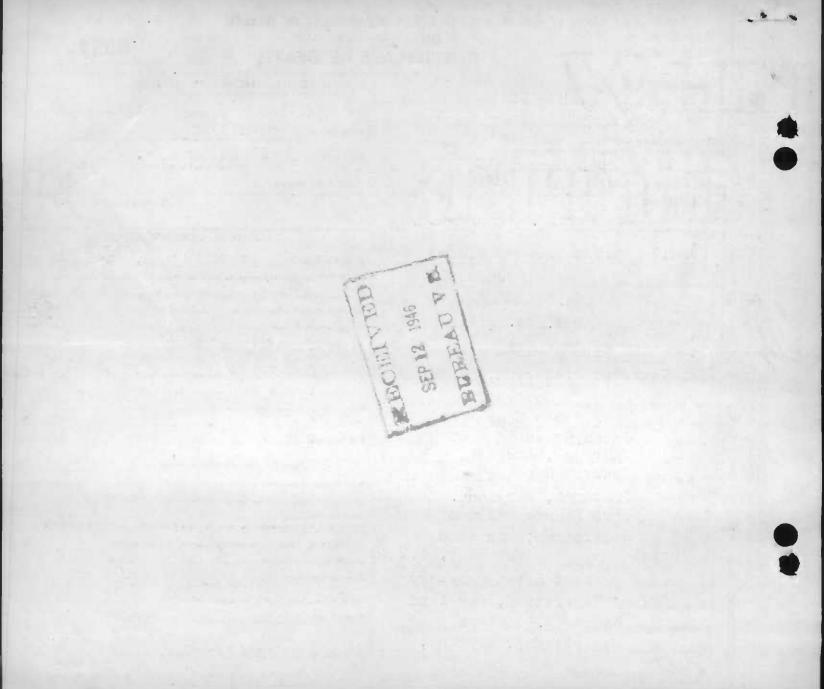
SEP 11 1946
BUREAU 5 -

Evidence for	the change of date	
of death and	time of deatMARYLAND STATE DEPARTMENT OF H	HEALTH
is shown on	2411 N. Charles St., Baltimore 48%	1
G107 9/20/46	CERTIFICATE OF DEAT	H

CERTIFICATE OF DEATH

Dr. Poole

1. PLACE OF DEA	TH:	shing	+	2. USUAL RESIDENCE (F	HOME) 01	DECEASED:	
County	The state of the s		LOII			washing	rton
City or town	taide eity or town lin	rstown	RAL and give nearest town)	" Hao	erstow		
How long in above place o	f death?	26 Y	ears	City or town	y or town limits	, write RURAL and give ne	arest town)
Hospital, Institution, or s	treet address where t	leath occurred:		Street No. 17	McCon	as St.	***************************************
47.4	accomas :		N	•••	(If rural, give		
How tong in hospital or I	nstitution?		None	2.(a) If veteran, name war		210	***************************************
3. (a) FULL NAME						3. (b) Social Security	Number
•			trausbaugh			None	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	ME	DICAL CE	ERTIFICATION	11 P.Z
Female	White		Widow	20. DATE OF DEATHS	ep temb	er 85 19 46	at HA
6.(b) Name of husband o	r wife		James	21. I CERTIFY that death occurred			
		6.(e)	If alive, give ageyo	TIL.		46 10 Supt	
7. Birth date of	\ O-	t. 24.	1 971	and that I last saw h_Aalls	re on	esst 8	
deceased (mo., day, yr. 8. AGE: Years	Months	Days	It less than oog day	Immediate cause of death		T	DURATION
74	10	15	hrs	in. Carcinon	au	unna	170
9. Birthplace. Thu:	rmont Fr	ederic	ck, Co. Md.	Due to Uterine	John	mhagl	broke
1D. Usual occupation		Houge	wife			***************************************	***
		Own Ho	me	Due to	******	***************************************	••
11. Industry or business	Tasab C		7414			***************************************	** ************************************
불 12. Name				Dther conditions		•••••••••••	• • • • • • • • • • • • • • • • • • • •
13. Birthplace	Thurmon			(Include pregn	nancy within 3 m	nonths of death)	
臣 14. Maiden name	Isabel	Hanco	OCK	Major findings of operations			
15. Birthplace	Thurmon	t, Mar	yland.				
16. Interment	Mrs Fa	nnie (	Carlton	Antopsy results			
Address	Hagerst	own l	arvland	PHYSICIAN: Please onderline	the cause to wh	ich death should be charged	statistically.
				22. VIOLENCE: It death was du			
(Burial, cremation,	or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide		Date ot	
Cemetery or crematory	Res	t Have	n Cemetery	Where did injury occur?	(City or town)	(County)	(State)
			n, Maryland	Injured at home, farm, Industry,	public place (wi	nere?)	***************************************
18. Funeral director				Means of Injury		Injured at work?	0 11
Address			Maryland,	_	int	7 ( Fro	mal)
Soht	101946			23. SIGNATURE	1	A 1	or other
(Date rec'd by reg	istrar)		Regist	rar Address Aagene	Hum	mo Date signed	919146



The correctinge

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

Dr. Wells

*	_			302
100	Res	Diat	No.	000

1. PLACE OF DEATH:  County Washington  City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  1621 Virginia Ave.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	st town)
3. (a) FULL NAME	3. (b) Social Security N	umber
Phyllis R. Trone	no	
Phyllis R. Trone 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH. Sept. 14.	1.1.2.3.OP.
6.(b) Name of husband or wite none	21. I CERTIFY that death occurred on the data abova stated; that I attended deceas	ed trom
6.(c) If alive, give ageyears		19
7. Birth date of	and that I last saw hative on	19
deceased (mo., day, yr.) Oct. 4, 1910  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death	DURATION
o. Add.	gun shot wound into chest	
	Que to cavity in region of heart	***************************************
9. Birthplace		•••••••••••••••••••••••••••••••••••••••
tD. Usual occupation. Nurse	hemorrhage & shock	
1t. Industry or business Private	Due (U	
E 12 Name Frank Trone	Other conditions	
13. Birthptace Hagerstown, Md.	(Include pregnancy within 8 months of death)	
至 14. Malden name Laura E. Spigler		
Hararatown Md	Major findings of operations.	
14. Malden name Laura E. Spigler 15. Birthplace Hagerstown, Md.  16. Informant Frank Trone	Antopsy results. n.O.	
	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.
Address Hagerstown, Md.	22. VIOLENCE: If death was due to externat causes, till in the following:	, ,
t7. Burial Date thereof. Sep. t. 17. 194 (Burial, cremation, or removal. Which?)	Accident, sutcide, or homicide Received Date of the	11446
Cemetery or crematory Rose Hill Cemetery	Where did latery occur? Margantage of Market	(State)
Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?)	
	Bear allowed gener she infured at work?	no.
18. Funeral director	WILLIAM DEPUTY NE	
Address Hagerstown, Ld.	no cloustable	CO., MD
19 Sept. 17. 1946 BlackBowers,	M. Dor	
(Date rec'd by registrar) Registrar	Address Address Date signed?	f. J. Son f. Min Son

SEP19 1946 BUREAU V B

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

0938()
Reg. Dist. No. 302

5. (b) Hame of husband or wite. Harty Trout.  5. (c) Halve, give age. 5  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months  9. Birthplace  10. Usual occupation  11. Industry or business  12. I Destruct  13. Birthplace  14. Maiden name  15. Birthplace  16. Informaci  17. Birthplace  18. Informaci  19. Internaci  19. Internaci  10. Internaci  10. Internaci  11. Industry or commanda, or removal Martin  12. Internaci  13. Birthplace  14. Maiden name  15. Birthplace  16. Internaci  17. Birthplace  18. Internaci  19. Internaci  19. Internaci  19. Internaci  10. Internaci  10. Internaci  11. Industry or business  11. Internaci  12. Internaci  13. Internaci  14. Maiden name  15. Birthplace  16. Internaci  17. Industry or business  17. Internaci  18. Internaci  19. Internaci  19. Internaci  19. Internaci  10. Internaci  10. Internaci  11. Internaci  12. Internaci  13. Internaci  14. Maiden name  15. Birthplace  16. Internaci  17. Internaci  18. Function or removal Martin  19. Internaci  19. Internaci  10. Internaci  10. Internaci  10. Internaci  11. Industry or business  11. Industry or business  12. Internacion  13. Internacion  14. Maiden name  15. Birthplace  16. Internacion  17. Internacion  18. Internacion  19. Internacion  19. Internacion  19. Internacion  19. Internacion  10. Internacion  10. Internacion  11. Industry or business  12. Internacion  13. Internacion  14. Maiden name  15. Birthplace  16. Internacion  17. Internacion  18. Internacion  19. Internacion  19. Internacion  19. Internacion  10. Internacion  10. Internacion  10. Internacion  11. Industry observation  12. Internacion  13. Internacion  14. Maiden name  15. Birthplace  16. Internacion  17. Internacion  18. Internacion  19. Internacion  19. Internacion  19. Internacion  10. Internacion  10. Internacion  10. Internacion  10. Internacion  11. Industry or business  12. Internacion  13. Internacion  14. Maiden name  15. Birthplace  16. Internacion  17. Internacion  18. Internacion  19. Internacion  19. Internacion  10. Internacion  10.	1. PLACE OF DEATH:  Ceunty  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in nbove place of death?  Hespital, Institution, er street address where death eccorred:  Rew long in hospital er institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Echn White Married  6.(0) Hame of husbood or wile. Harry Trout  7. Sith date of Second (no. day, yr.)  5. Let 19, 1880  8. AGE: Tears Months  9. Birthplace  10. Usual occupation. How you'le.  11. Industry or business  12. Hame. How you'le.  13. Birthplace  14. Haiden name. How you'le.  15. Birthplace  16. Usual occupation. How you'le.  16. Intermed Harry Company Within 3 months of death)  Major findings of operations.  16. Birthplace  17. Birthplace  18. Intermed (no. day, yr.)  19. How you'le.  19. How you'le.  11. Industry or business  11. Industry or business  12. Hame.  13. Birthplace  14. Maiden name. How you'le.  15. Birthplace  16. Intermed (no. day, yr.)  16. Birthplace  17. Birthplace  18. Intermed (no. day, yr.)  19. How you'le.  20. DATE OF BEATH.  21. I CERTIFY that death death about a bere stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. alive on the date above stained; that I cannot go and that I last saw h. P. and that I cannot go and that I last saw h. P. and that I cannot go and that I last saw h.		n 11047 hone
5.(b) Name of humbood or with the string of	11. 100	MEDICAL CERTIFICATION
1. Birth date of deceased (mo., day, rr.)  8. AGE: Vears Months Dayn Hess than one day  9. Birthplace (Town, county), and state)  10. Usual occupation (Town, county), and state)  11. Industry or business  12. Name (Includo pregnancy within 3 months of death)  13. Birthplace (Includo pregnancy within 3 months of death)  14. Maiden name (Includo pregnancy within 3 months of death)  15. Birthplace (Includo pregnancy within 3 months of death)  Major findings of operation.  16. Informaci (Includo pregnancy within 3 months of death)  Major findings of operation.  17. Usual (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  Date of the conditions (Includo pregnancy within 3 months of death)  Major findings of operations.  (Includo pregnancy within 3 months of death)  M	the White Married	20. DATE OF DEATH
Immediate canso of death   Surface	7. Birth date of years	9-3 1846, 16 9-17 1846
8. AGE: Years Months By Hess than one day  18. Birthplace (Town, county, and state)  19. Usual occupation.  11. Industry or business  11. Industry or business  12. Name Osciple  13. Birthplace (Include pregnancy within 3 months or death)  Major findings of operations.  16. Informaci  17. Business  18. Informaci  19. Water Girl Injury county.  Cemetery or cremalory.  Cometery or cremalory.  Localion  Translation.  18. Funeral director  Major findings of operations.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accided, suicide, or hemicide.  Bate et  Where did injury occur? (City or town) (County) (State)  Injured at heme, farm, industry, public place (where?)  Means of injury  Means of injury  Means of injury  Means of injury  M. D. or other		
10. Usual occupation.  11. Industry or business    12. Name.	11 1 20	
10. Usual occupation.  11. Industry or business    12. Name.	9. Birthplace	Bue to.
11. Industry or business   12. Name.   13. Birthplace   14. Maiden name   15. Birthplace   15. Birthplace   16. Intermated   17. Mark   17. Mark   18. Intermated   18. Interm	Ator. A. Banka	
12. Name		Due to
14. Maiden name   Fund   Muchaeld     15. Birthplace   Fund   Majer findings of operations     18. Information   Many S. Mark   Majer findings of operations     18. Information   Majer findings of operations     18. Information   Majer findings of operations     19. Information   Majer findings of operations		***************************************
14. Maiden name   Fund   Muchaeld     15. Birthplace   Fund   Majer findings of operations     16. Information   Harry S. Transform   Autopsy results     17. Bures   Bale et op.     18. Information   Fund   Majer findings of operations     18. Information   Harry S. Transform   Autopsy results     19. Genetery er crematory   Fund   Majer findings of operations     18. Information   Harry S. Transform   Majer findings of operations     19. Genetery er cambor   Majer findings of operations     19. Genetery examples   Majer findings of ope	12. Name. Joseph Reggy 13. Birthplace New York	Other conditions
Antopsy results.  Antopsy results.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accideol, sulcide, or hemicide.  Bate et  Where did injury eccur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of tnjury injured all werk?  23. SIGNATURE.  M. D. or other		
Antopsy results.  Antopsy results.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accideol, sulcide, or hemicide.  Bate et  Where did injury eccur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of tnjury injured all werk?  23. SIGNATURE.  M. D. or other	15. Birtholace Penna.	
Address  Address  Address  Bale Ihereef. (mosth) (dity) (year)  Cemetery er crematory. (City or town) (County) (State)  Localion. (City or town) (County) (State)  Injured at heme, farm, industry, public place (where?)  Means of injury injured all werk?  Means of injury (23. Signature.)  Address  M. D. or other	Hrun 5 11 - 6	
Bale Iheree! 9/20/46  (Burial, cremation, or removal Wirch?)  Cemetery er crematory 1 Country Cu.  Localion 1 Funcial director 1 Country Cu.  Address Mey cersburg 6.  Address Mey cersburg 6.  Address Mey cersburg 6.  Address Mey cersburg 6.  22. VIOLENCE: It death was due to external causes, fill in the tollowing;  Accideol, suicide, or hemicide  Where did injury eccur? (City or town) (County) (State)  Injured at heme, farm, industry, public place (where?)  Means of injury injured al werk?  23. SIGNATURE  M. D. or other	Address Mer year lours for	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Cemetery er crematory.  Tauview leu.  Localion  Localion  18. Funeral director  Means of tnjury  M. D. or other	Right	
Location Tranklus Co. Va. Injured at home, farm, Industry, public place (where?)  18. Funeral director Means of tnjury Injured at werk?  Address Means of tnjury One North Country W. D. or other	Transition 160	
18. Funeral director. Mexicology (a. Means of injury Injured all werk?  Address Mexicology (a. John Norm On Ket W. D.  23. SIGNATURE Ohn Norm On Ket W. D.  M. D. or other	Cemetery er crematory	(City or town) (County) (State)
Address Merceroburg, Fa.  Address John Altorn On Kest W. 12.  23. SIGNATURE John Altorn On Kest W. 12.  M. D. or other	Location January Co. Va.	Injured at home, farm, Industry, public place (where?)
1 Sept 18 1 Sept Torondo 1 23. SIGNATURE M. D. or other	18. Funeral director. Municipal director.	Means of injury Injured all werk?
1 Sensitive 23. Signature 23. Signature M. D. or other	Morean Sugar	1, 11, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
(Date fee'd by registrar)  Registrar  Address.	. Xeft. 68. 46 Conff Brussell	23. SIGNATURE M. D. or other
	(Date fee'd by registrar) Registrar	Address Date signed 9-18-46

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OF TAX OF PERSONS STREET, A

SEP 20 1946
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#### MARYLAND STATE DEPARTMENT OF HEALTH

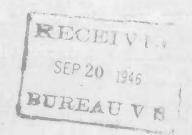
2411 N. Charles St., Baltimore 370

#### CERTIFICATE OF DEATH

Dr. Prather

Reg. Dist. No. 1302

1. PLACE OF DI	Waght	ngton		2. US	UAL RESIDENCE (HOME) OF The residence of		
	TT		vn	State	Maryland co	uoty Baltimo	re
(If How tong in above place	outside city or town I	imits, write R 1 De	VN URAL and give nearest town) LY	City or	town Baltimor	es, write RURAL and give ne	srest town)
Hospital, Institution, o	or street address where	death occurred		Street I	800 McCabe	Ave	********
***************************************			No		(If rural, give	LOCATION)	
	or institution?			2.(a) If	veteran, name war	210	
3. (a) FULL NAM						3. (b) Social Security	Number
	Jame	s M. 1	Thalen			213-16-30	99
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		MEDICAL C	ERTIFICATION	
Male	White		Single	20. DAT	e OF DEATH September	er 17 10 46	S. 11: A
C (h) Name of bushesses	d on wide	None	.1		RTIFY that death occurred on the date ab	eva stated; that I aftended dace	eased from
The state of the s	d or wife		33 47	5	GA 17 11	46 to Sept	171046
7. Birth date of			) If alive, give age		t I last saw halive on		
deceased (mo., day,			8,1892	Immedi	air cause of death		DURATION
8. AGE: Year		Days	If less than one day		Lando Mujo	cardites	** ** *********************************
54	0	9	hrs.	mln.	···········	***************************************	** ************************************
9. Birthplace	Baltimo (Town,	re Ci	tste)	Due to	Curon al	alway	
10. Usual occupation				Due fo	q		***
ff. Industry or busine					rogshit-	<b>&gt;</b>	
当 f2. Name	Tham	es Wh	nalen	Other co	onditions		
f2. Name		imore.					
f4. Maiden name			allagher	11	(Include pregnancy within 8		
OF 65 Birthplace		imore,		Major t			
		-	fe		•		
16. Informant				PHYSIC	results	hich death should be charged	statisticsly.
Address	Hagerst			22 VIC	DLENCE: If death was due to external ca		
17 Bur	ial m, or removal. Which?	Date fhere	of Sept. 20, 19 (month) (day) (yesr)	4.6 Accident	f, suicide, or homicide		0.00
			der Cenetery				
					did injury occur?(City or town)		
1.0			ld	11	at home, farm, industry, public place (w		
1B. Funeral director	Andrew	K. Cof	fman	Maans C	of injury	Injured at work?	
Address-	Hagerston	wn, Md.	0 11 2	200 000	SNATURE 197	1atto	
Neht.	18. 46	13	alt Bower	23. SIG	II1		proting /
(Date rec'd by r	egistrsr)		Regis	istrar Address	HA COUTON	Date signed.	7//1/46



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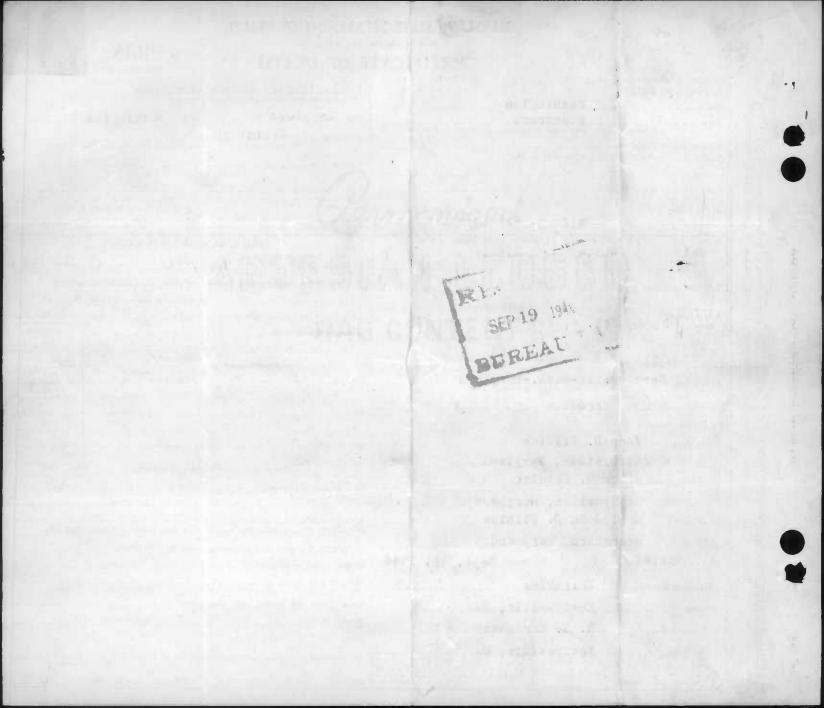
MARYLAND STATE DEPARTMENT OF HE	Al	RYLAND	STATE	DEPARTMENT	OF	HEALTI
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2411 N. Charles St., Baltimore

170	acl.

093	82		
Reg. Dia	t. No	30	5

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
4. Sex Scolor or race S.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	and that t last saw h core alive on Sept. 19.4 (2)  Immediate cause of death.  DURATION
9. BirthplaceKeedysville-WashMaryland	Due to Repharti & Phasis Sugrandita 14 days
12. Name. John D. Wilhide  13. Birthplace Middletown, Maryland  14. Malden name Alice M. Knadler  15. Birthplace Keedysville, Maryland  18. Intermant. Mrs. John D. Wilhide	Other conditions
Address Boonsboro, Maryland  17. Burial (Burial, eremation, or removal, Which?)  Cemetery or crematory. Fair-View  Location Keedysville, Md.  18. Funeral director R. I. Earnshaw	22. VIOLENCE: If death was due to external causes, till in the tollowing;  Accident, suicide, or homicide
Address Keedysville, Md  15-64-17. 19-46 July H. Bask	23. SIGNATURE States And M. D. october 9/16/46



The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

Dr. Wells

#### CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland  Couety Washington  City or town. Hagers town  (If outside city or town limits, write RURAL and give nearest town)  Street No. 251 Bryan Place  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex   5. Color or race   8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION about
Male White Married	20. DATE OF DEATH. Sept./11 1946 , 4 A
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
59 11 18hrsmin.	Vascular hypertension
9. Birthplace St. Louis Missouri (Town, county, and atate)  10. Usual occupation Traffic manager  11. Industry or business American Fruit Growers  12. Name Vernard Willen  13. Birthplace Germany	Oue to angina pectoris  Due to acute coronary occlusion  Other conditions
H 14. Malden name. Elizabeth Leubenjans Germany	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mrs. Elizabeth W. Lee Address Arlington, Va.	Autopsy results
Burial Oate thereof Sept. 14, 1946 (Burial, cremation, or removal, Which?)  Cemetery or crematory Rosedale Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Lartinsburg, W. Va.	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director. Andrew K. Coffman.  Address Hagerstown Md.  19. Contended by registrar)  (Date ree'd by registrar)  Registrar	23. SIGNATURE Arbeid Wells DEPUTY MEDICAL EXAM. WASH OF MD. Address Fagerstowy 24 boate signed ext. 1/4.

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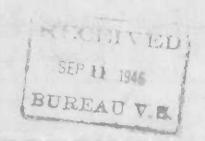
#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 186-0

# CERTIFICATE OF DEATH

119384 Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother).
County Address of Gillian	State Mary Land County Washington
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Aggistain
How long in above place of death? 2 O Chelled	(If outside city or town limits, write RURAL and give nearest town)
Hospital lighthution, or street address where death occurred:	Street No. 44 CO. 1 CONCLU Scheel
	(If rurai, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	and
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femile Regro Widow	2D. DATE DF DEATH : Sept. 4 19 45 at 24 M
Bisali Williams	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	ling 16 18 X6 10 Sept 19 El
7. Birth date of years	and that I last saw h R. V. alive on Light 3
deceased (mo., day, yr.) Deplember 6, 1882	Immedia: cause of death
8. AGE: Years   Months / Days   If less than one day	Immedia cause of death meternaliantric left Ferry 19 days
62 11 29nrsmin.	
malian VC	Que to Fall on Ordework
9. Birthplace (Town, county, and state)	· Hisbertes Welletus
10. Usual occupation. Asusewark	
11. Industry or business	Due to. (2) Fre days
	H h - h / Malling and 2 mg
12. Name William Meal: 3. Birthplace Marisu S.C.	19minal
M Na seal (C.Tt.	(Include pregnancy within 3 months of death)
E 14. mallen name	Major findings of operations
\$ 15. Birthplace Mariow, S.C.	Date of op.
16. Informant Mrs. Mary L. Marlison	Autopsy results
Address 44 W. Marth Street.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 9/0/14/	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Brance Hills Constant	Where did injury occur? Haghstone Wash. Mush (County) (County) (Spite)
Cemetery or cramatory	
Location Halfelschaller, Ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director William & Lowey	Msans of injury fallow Orellwalk Injured at work?
Address 4 96 Frederick at Hagestown	Mules XM Leven Will
Solt 9. IN Whattedmineral	23. SIGNATURE M. D. or other had
19. (Date of 14 by reduction) 19 46 Oktober 19 Pagistres	15011/ 4/8/11/10 m 8 Pais signed 4/6/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

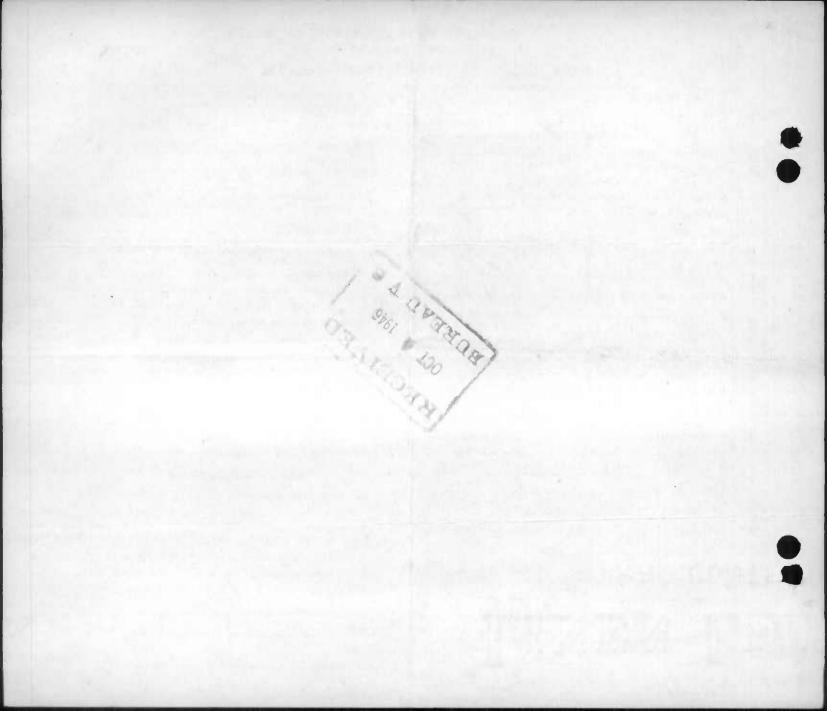
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-2)

# CERTIFICATE OF DEATH

0938; Reg. Diat. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Uas Munglery	(For newborn infanta give residence of mother)
City or town	State Maryland county Washington
How long in above place of death? 28 ylaus	City or town
How long in above place of death?	m. mai st.
S. Main St.	Street No. (If rural, give LOCATION)
	70 0000
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry (1), The	nd nove
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widowed	20. DATE DE DEATH Sol 30" 19.46 21 820 4. M
	21. I CERTIFY that death occurred on the date above stated; That I attended deceased from
6,(b) Name of husband or wife.	Sept 20" 19 46 10 Sept 30" 19 46
6.(c) If alive, give age years	
7. Birth date of	and that I last saw h
appeared /merl day! /	Immediate cause of death
o. Aug.	
15 7 13hrsmin.	Cerclaral Stemanshafe 10 days
8. 8irthplace Sleanhalana Wash, Co. Md.	Que to.
8. Sirinplace (Town, county, and atate)	BR 13-1111
1D. Usual occupation. Kettled Farmus	Due fo
11, Industry or business Aur Jarus	
= 12 Name Joshua Urgand.	Other conditions.
13. Birthplace Walls Co. md.	
miller miller	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Wash, Co. Md.	Date of op.
Danner & Theory	Antupsy results
Bar I med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 20000 May	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Agurical: Date thereof Oct . 2. 1946	Accident, suicide, or homicide
(Buvial, cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory Soonaline Clinical	Where did injury occur? (City or town) (County) (State)
12 roughon md.	Injured at home, farm, Industry, public place (where?)
Location Day Co	Meens of Injury Injured at work?
18. Funeral director	
Address ( Samus loss md.	6/1/2/
000000000000000000000000000000000000000	23. SIGNATURE M. D. op other
19. Ot. 2. 1946 John A- Bask	B 1 21 10/1/46
(Date ree'd by registrar) Registrar	Address Dafe signed



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4870 V

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County.	State Maryland County Washington
(If outside city or town limits, write RURAL and give nearest town)	7 7 2 28 20 (2000)
How long in above place of death?	If outside city or town limits, write RURAL and give nearest town
Hospital, Institution, or street address where death of dured:	Street No. 22 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Rosie anna G	ates
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Regro Single	20. DATE OF DEATH. Jept. 5 19.46 at 630 Hm
6.(b) Name of husband or wife	21. I CERTIFF that death occurred on the date above stated; that I attended deceased from
	July 1966 10 John 1960
7. Birth date of	and that last saw hC.Y. alive on
deceased (mo., day, yr.)  8. AGE: Years Months   Days   It less than one day	Immediate cause of daath
45 7 21nrsmin.	Cesculmo - Savy Jan 10 Mo
9. Birthplace Dipapaw W. Va	Due to
(Fown, eounty, and state)	
10. Usual occupation.	Due to
11. industry or business	
12. Name John Gates  13. Birthpire Pubbahayork Co., Se.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Episma Mask.  15. Birthpiace Rippy W. Va.	Major findings of operations
\$ 15. Birthpiace Uppgy w. Va.	Date of op.
16. Informant Mrs. Dorstly Butler	Autopsy results.
Address 336 121 n. Januthan T.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Berrial Date thereof 9/11/46	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed. Whileh?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Clase Hell Cemeters	Where did injury occur?
Location Hagerslow, md.	Injured at home, farm, industry public place (where?)
18. Funeral director William H Downey	Means of Injury Injured at work?
Address 291 Fredrick St	thes & Onstern MD
Soft 11 11 Bantty Prevard	23. SIGNATURE M. D. orythyt.
19. (Date reed by registrar) Registrar	Address J & W. Wastengton Bate signed 4/// 1/14

